FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

10750 TALL TIMBER LANE

JACKSONVILLE FL ...

(5)

AFFORDARI	_	MARKE	HOMES	INC.
AFFI JKI JAKI	-	MUDILE	HOMEO:	1110

Mailing Address Principal Place of Business 10236 LEM TURNER RD. 10236 LEM TURNER RD. JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1995 07/14/1981 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2110887 26 21 \$8.75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State \Box City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zin Country Zıp ☐ Yes ☐ No Florida Statutes 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 MCLEOD, LUTHER M 10750 TALL TIMBER LANE 83 JACKSONVILLE FL 32223 85 Zip Code City 11. Pursuant to the provisions of Sections 697,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. DATE CR2E034 (12/95) SIGNATURE Signature typical proportion rate of depote on a pool an intro-mappe, while ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition 12 DELETE 1 1 Tr'LE TITLE PTD 1.2 NAME MCLEOD, LUTHER M NAME 1.3 STHEET ADDRESS 10750 TALL TIMBER LANE STREET ADDRESS 14 CITY - ST ZIP JACKSONVILLE FL Change Addition CITY-ST-ZIP DELETE 2 1 III LF TITLE **VS** 2.2 NAME MCLEOD, NORMA J. NAME

NAME 3.3 STHEFT ADDRESS STREET ADDRESS 3.4 C!TY - \$1 - ZIP Change Addition CITY-ST-ZIP DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change Add-tion DELETE 5 1 1/1/16 TITLE 5.2 NAME NAME 5.3 STREE! ACCRESS STREET ADDRESS 5.4 City - ST - ZIF Change Addition CHTY-ST-ZIF DELETE 6 1 bitt TITLE E 2 NAME NAME 6.3 STREET ADDRESS

2.3 STREET ADDRESS

2.4 City - ST-ZIP

3 1 7/115

3.2 NAME

DELETE

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further carby that the information indicated on this airmail report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under carby that the information indicated on this airmail report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under carby that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 64 Ciliy - \$1 - 7 P

No.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

4/29/96

Addition