ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 813784 (6)

1. Corporation Name
GUERDON HOMES, INC.

Principal Place of Business	Mailing Address
5285 SW MEADOWS, #131 LAKE OSWEGO OR 97035	5285 SW MEADOWS, #131 LAKE OSWEGO OR 97035

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/05/1959	02/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

4. FEI Number: 38-1613469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PREUSCH, AL	1.2 NAME	
STREET ADDRESS	5285 SW MEADOWS, #131	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE OSWEGO OR	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	HUCKVALE, ROBERT	2.2 NAME	
STREET ADDRESS	5285 SW MEADOWS, #131	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE OSWEGO OR	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	NAGELVOORT, TERRY	3.2 NAME	J. FREDRICK HUCKVALE
STREET ADDRESS	26 BROADWAY	3.3 STREET ADDRESS	19527 CELTIC STREET
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NORTHRIDGE, CA 91326
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	BOLKS, ERVIN	4.2 NAME	GREG LANE
STREET ADDRESS	852 FEENHANVILLE DR	4.3 STREET ADDRESS	100 NATION FORD RD. BLDG 5, SUITE 470
CITY-ST-ZIP	MT PROSPECT IL	4.4 CITY-ST-ZIP	RADNOR, PA 19087
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	HUCKVALE, FRED	5.2 NAME	DELETE
STREET ADDRESS	19527 CELTIC	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHRIDGE CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	CRAIG, EDWARD	6.2 NAME	DELETE
STREET ADDRESS	5560 STERRETT PLACE #200	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ROBERT W. HUCKVALE 1/20/95 503-624-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/021P0 FN