FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State 1998 DIVISION OF CORPORATIONS OCUMENT # F69369 (9)NEW VENTURE HOMES, INC. 'rincipal Place of Business Mailing Address i % HARRY L BARR % HARRY L BARR 16698 SE 54 ST. 18698 SE 54 ST. OKLAWAHA FL 32179 DO NOT WRITE IN THIS SPACE OKLAWAHA FL 32179 3. Date Incorporated or Qualified 03/03/1982 Principal Place of Business Mailing Address 4. FEI Number Applied For 59-2259425 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 25 29 10, Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent BARR, HARRY L 81 Name 16698 SE 54 ST. Street Address (P.O. Box Number is Not Acceptable) OKLAWAHA FL 32179 83 City 64 85 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, typod or printed name of registered agent and little if applicable Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSD DELETE Change Addition TITLE 1.1 TITLE BARR, HARRY L NAME 1.2 NAME 16698 SE 54 ST. STREET ADDRESS 1.3 STREET ADDRESS OKLAWAHA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE TITLE BARR, LAVERN R 2.2 NAME NAME 16698 SE 54 ST. STREET ADDRESS 2.3 STREET ADDRESS OKLAWAHA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-78P 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CITY ST ZIP 4. I hereby certify that the information supplied with this filing 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.

5.4 CITY - ST - ZIP

63 STREET ADDRESS

6.1 TiTLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

POES

DELETE

4/6198 252-125-7894

Change

Addition

CR2E034 (10/97