FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF DOCUMENT # F93000004301 (8)

TORIC HOMES CORPORATION

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1316 SIOUX STREET P. O. BOX 2253 DOTHAN AL 36303 DOTHAN AL 36302 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 63-1089474 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name BARNES, AMY % PEOPLES FIRST BANK 82 Street Address (P.O. Box Number is Not Acceptable) 2900 JEFFERSON STREET MARIANNA FL 32446 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Torida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change ☐ Addition TITLE 1.1 TOTLE

LEONARD, THOMAS F NAME 1.2 NAME 1310 SIOUX STREET STREET ADDRESS 1.3 STREET ADDRESS DOTHAN AL 36303 1.4 CITY - ST-ZIP CITY-ST-ZIP VCST DELETE Change Addition TITLE 21 TITLE YATES, SANDRA M NAME 2.2 NAME 1338 VICKERS RD. STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2 4 CITY - ST - ZIP ☐ Addition DELETE Change 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not quality 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 eath; 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 or an attachment with an address.

SIGNATURE:

Morast Revail

3/11/98 334.793-3282

R2E034 (10/97)