FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94427

1. Corporation Name

HAUSER RESIDENTIAL CONSTRUCTION CORP.

100001519071
-06/21/95--01039--013
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
501 South Faulkenburg Rd. Suite A5 Tampa, Floirda 33619	

3. Date Incorporated or Qualified: 4/1/89
3a. Date of Last Report: 1/95

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 / Country 25 Hills.	Zip 29 / Country 30

4. FEI Number: 59-2212653 ☐ 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
Dennis E. Hauser 452 Summit Chase Dr Valrico, Floirda 33694	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres.	11 TITLE	☐ Change ☐ Addition
NAME	Dennis E. Hauser	12 NAME	
STREET ADDRESS	452 Summit Chase	13 STREET ADDRESS	
CITY-ST ZIP	Valrico, Florida 33694	14 CITY-ST ZIP	
TITLE	Sec/Tres	21 TITLE	☐ Change ☐ Addition
NAME	Carolyn J. Hauser	22 NAME	
STREET ADDRESS	452 Summit Chase Valrico, 33594	23 STREET ADDRESS	
CITY-ST ZIP		24 CITY-ST ZIP	
TITLE	Vice Pres.	31 TITLE	☐ Change ☐ Addition
NAME	Michael D. Hauser	32 NAME	
STREET ADDRESS	9864 Elmway	33 STREET ADDRESS	
CITY-ST ZIP	Tampa, Floirda 33624	34 CITY-ST-ZIP	
TITLE	Vice Pres.	41 TITLE	☐ Change ☐ Addition
NAME	Laurence M. Millard	42 NAME	
STREET ADDRESS	450 Summit Chase	43 STREET ADDRESS	
CITY ST ZIP	Valrico Florida 33594	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(k), 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: Carolyn J. Hauser Carolyn J Hauser Sec/Treas 3/22/95 813-681-6668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #