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

PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADORESS

HILE

NAME

THE NAME

CHY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP

STHEET AUDRESS

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 21 1997 8:00am Secretary of State

	199/	DIVISION OF	CORPOR	ATIONS		
1. Corporation		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			H.	
HIGHSN	AITH CUSTOM HOMES,	INC.			 	81018 DIBN 8188 8180 8180 8180 1181
Principal Plac	e of Business	Mailing Address		······································		
18318 NETTLES RD 18318 NETTLES RD LUTZ FL 33549-5436						
					 Date Incorporated or Qualified 12/15/1982 	3a. Date of Last Report 04/16/1996
2. Principal P	Place of Business	2a. Mailing Address	·-, <u></u>		4. FEI Number 59-2247594	Applied For
Suile, Apt	#, elc.	Suite, Apt. #, etc.	****			Not Applicable 58.75 Additional
22		27			Certificate of Status Desired	Fee Required
City & Stat	ee	Crty & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ [24]	Country 25	Zip 29	Cou 30	ntry	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Cu			81 Name	10. Name and Address of New Rec	lstered Agent
	18 NETTLES RD. 12 FL 33549			82 Street Add	dress (P.O. Box Number is Not Acceptable	DEL Zo Codo
N. 11 july						FL 1
11. Pursuant office or r agent 1 a	to the provisions of Sections 607 registered agent, or both, in the f im familiar with, and accept the c	.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	utes, the ab authorized Torida Stat	pove-named co d by the corpor- utes.	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
	Signature, typod or printed name of register			d Agent signature req	usred when reinstating)	DATE
12.	OF FICERS	S AND DIRECTORS DELETE	13.	T	ADDITIONS/CHANGES TO OFFICE	
TITLE	HIGHSMITH, WAYNE J.	[] pertit	1.1 Til 1.2 NA	1		Change Addition
STREET ADORESS	18318 NETTLES RD.		4 "	REET ADDRESS		
CITY - ST - 7IP	LUTZ FL 33549			TY-ST-ZIP	•	
TITLE		DELETE	21 111			☐ Change ☐ Addition
NAME			2.2 NA	[
STREET ADDRESS				REET ADDRESS	•	
City - ST- ZiP Title		DELETE	2. 4 Cl	TY-\$1-ZIP		Change Addition
NAME	}	F" OFFEIE	3.1 III			Filomania Filomana
STREET ADDRESS			•	REET ADDRESS		
CITY - \$1 - 70°				TY-ST-ZIP		
THILE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TIT			Change Addition

CITY - \$1 - Z(f) 6.4 CITY-ST-ZIP 14. I do 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 chapged, on an attachment with an address.

4.2 NAME

5 1 TITLE 5.2 NAME

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

Addition

Addition

Change

0346762