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

STREET ADDRESS

Block 12 or Block 13 if changed, or on

CITY-ST-ZIP

FILED PROFIT Feb 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # G14055 (9) SUNCOAST DESIGNER HOMES, INC. Principal Place of Business Mailing Address 480 137TH AVE OIRCLE P.O. BOX 8505 480-137TH AVE. CIRCLE MADEIRA BEACH FL 33738 DO NOT WRITE IN THIS SPACE MADEIRA BEACH FL 33738 3. Date Incorporated or Qualified 12/20/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2251730 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEVESQUE, ROBERT A 480 - 137TH AVE. CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) MADEIRA BEACH FL 33708 83 64 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1.1 TITLE LEVESQUE, ROBERT A. NAME 1.2 NAME 480-137TH AVE. CIRCLE STREET ADDRESS 1.3 STREET ADDRESS Madeira Beach Fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME LEVESQUE, ROBERT C. 2.2 NAME 7621-75 AVE. NO. STREET ADORESS 2.3 STREET ADDRESS PINELLAS PARK FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 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 DELETE TITLE ☐ Change Addition 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

Youlaa

6.4 CITY - ST - ZIP 14. 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 suppliemental 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 of 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