FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:05
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # G26694 (1)

1. Corporation Name
SOUTHERN CYPRESS LOG HOMES, INC.

Principal Place of Business:
% GEORGE L. STERCHI
U.S. HWY. 19 SOUTH ~~P.O. BOX 209~~
CRYSTAL RIVER FL ~~34423~~

Mailing Address:
% GEORGE L. STERCHI
P. O. BOX 209
CRYSTAL RIVER FL 34423
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1983
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2317176 ☐ 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

2. Principal Place of Business
21 1980 US HWY 19 S.
22 Suite, Apt. #, etc.
23 City & State
24 Zip 34429
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
STERCHI, GEORGE L.
U.S. HIGHWAY 19 S.
CRYSTAL RIVER FL ~~34423~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1980 U.S. HIGHWAY 19 S.
83
84 City FL
85 Zip Code 34429

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	STERCHI, GEORGE L	1.2 NAME	
STREET ADDRESS	~~HWY 491 S~~	1.3 STREET ADDRESS	1980 U.S. HWY 19 S.
CITY-ST-ZIP	LECANTO, FL 00000	1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	STERCHI, GAIL G.	2.2 NAME	
STREET ADDRESS	HWY. 491 S.	2.3 STREET ADDRESS	1980 U.S. HWY 19 S.
CITY-ST-ZIP	LECANTO FL	2.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: George L. Sterchi
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 Date

904-795-0777 Telephone

0351650 CP