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 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G54259** **(8)**

1. Corporate Name

PORT CHARLOTTE FLORIDA HOMEBUILDERS, INC.

Principal Place of Business	Mailing Address
17896 TOLEDO BLADE BLVD PORT CHARLOTTE FL 33948 US	17896 TOLEDO BLADE BLVD PORT CHARLOTTE FL 33948 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1983
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) County (25) / Zip (29) County (30)

4. FEI Number: 59-2593158 — 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. Does corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GUAGLIANO, BRIAN
3525 SHORT ST.
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name: KATHLEEN GUAGLIANO
82 Street Address (P.O. Box Number is Not Acceptable): 3525 SHORT ST
83
84 City: PORT CHARLOTTE FL 85 Zip Code: 33948

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: Kathleen Guagliano DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
1 TITLE	PST	1 TITLE	PST ☑ Change ☐ Addition
2 NAME	GUAGLIANO, BRIAN F	2 NAME	GUAGLIANO, KATHLEEN
3 STREET ADDRESS	3525 SHORT ST	3 STREET ADDRESS	3525 SHORT ST
4 CITY ST ZIP	PORT CHARLOTTE FL	4 CITY ST ZIP	PORT CHARLOTTE, FL
5 TITLE		5 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
7 STREET ADDRESS		7 STREET ADDRESS	
8 CITY ST ZIP		8 CITY ST ZIP	
9 TITLE		9 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I am aware of the penalties stated in Section 817.155, 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 above, or on an attachment with an address.

SIGNATURE: Kathleen Guagliano — 4-28-95 (Date) — 8136254884 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER