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95 MAY -1 AM 4:16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # G67311 (2)

1. Corporation Name

SPRING LAKE HOMES INC. OF FLORIDA

Principal Place of Business
615 DUANE PALMER BLVD.
SEBRING FL 33870
US

Mailing Address
525 DUANE PALMER BLVD.
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1983
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2326333 [ ] 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 (21–25): blank

2a. Mailing Address
26: 615 DUANE PALMER BLVD
27: Suite, Apt. # etc.:
28 City & State: SEBRING FL
29 Zip: 33870
30 Country:

9. Name and Address of Current Registered Agent

MIX, LOUISE
100 CLUBHOUSE LANE
SEBRING FL 33870

10. Name and Address of New Registered Agent
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 617.0502, 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

12. OFFICERS AND DIRECTORS

Title	Officer/Director
TITLE	PD
NAME	TELLSCHOW MICHAEL A.
STREET ADDRESS	6417 LAKESHORE RD.
CITY-ST-ZIP	SEBRING FL 33870
TITLE	STD
NAME	MIX, LOUISE
STREET ADDRESS	1021 GREENWOOD TERRACE
CITY-ST-ZIP	SEBRING FL 33870

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (blank) [ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is 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: Louise Mix LOUISE MIX 4/29/95 813 655-3350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0314392 CP