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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 2:05

DOCUMENT # G79677 (2)

1. Corporation Name
KROGMAN HOMES, INC.

Principal Place of Business	Mailing Address
9918 BEAR LAKE RD. APOPKA FL 32703	9918 BEAR LAKE RD. APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1984
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 2829 Neil Road
Suite, Apt. #, etc.
22
City & State
23 Apopka, Fl
Zip 24 32703 Country 25 SEMINOLE

2a. Mailing Address
26 2829 Neil Road
Suite, Apt. #, etc.
27
City & State
28 Apopka, Fl
Zip 29 32703 Country 30 SEMINOLE

4. FEI Number: 59-2391854 ☐ 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

9. Name and Address of Current Registered Agent

ROY, WILLIAM GLENN, JR.
195 S.WESTMONTE DR.,STE.15
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: RAYMOND R. Krogman
82 Street Address (P.O. Box Number is Not Acceptable): 2829 Neil Road
83
84 City: Apopka, FL 85 Zip Code: 32703

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: Raymond R Krogman Pres 3/23/94
(Signature, typed or printed name of registered agent and the capacity or office) (NOTE: Registered Agent signature required when executing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	KROGMAN, RAYMOND R.	1.2 NAME	
STREET ADDRESS	9918 BEAR LAKE RD.	1.3 STREET ADDRESS	2829 Neil Road
CITY ST ZIP	APOPKA FL	1.4 CITY ST ZIP	Apopka, Fl 32703
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	KROGMAN, MICHELLE L.	2.2 NAME	
STREET ADDRESS	9918 BEAR LAKE RD.	2.3 STREET ADDRESS	2829 Neil Road
CITY ST ZIP	APOPKA FL	2.4 CITY ST ZIP	Apopka, Fl. 32703
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	KROGMAN, MICHELLE L.	3.2 NAME	
STREET ADDRESS	9918 BEAR LAKE RD.	3.3 STREET ADDRESS	2829 Neil Road
CITY ST ZIP	APOPKA FL	3.4 CITY ST ZIP	Apopka, Fl 32703
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: Michelle L. Krogman V.P. 3/23/95 407-291-2375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date) (Daytime Phone #)

0036246 CP