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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:22

DOCUMENT # H11633 (5)

1. Corporation Name
BLUE RIDGE HOMES, INC.

Principal Place of Business	Mailing Address
3964 TARPON ROAD P.O. BOX 3143 VENICE FL 34293	3964 TARPON ROAD P.O. BOX 3143 VENICE FL 34293

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1984
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business	2a. Mailing Address
21 5541 Salford st.	26 5541 Salford St.
Suite, Apt. #, etc. 22 P.O. Box 8051	Suite, Apt. #, etc. 27 P.O. Box 8051
City & State 23 North Port FL.	City & State 28 North Port Port
Zip 24 34287 Country 25 USA	Zip 29 34287 Country 30 USA

4. FEI Number: 59-2431900 ☐ 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

GEITHMAN, THEODORE W.
14125 S TAMIAMI TRAIL
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name: Dunster, George
82 Street Address (P.O. Box Number Is Not Acceptable): 1867 Dresden st.
83
84 City: North Port FL 85 Zip Code: 34287

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: George Dunster 3/21/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	VAJKO, JOSEPH	1.2 NAME	Vajko, Mary
STREET ADDRESS	3964 TARPON ROAD	1.3 STREET ADDRESS	P.O. Box 8051
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	North Port FL 34287
TITLE	D	2.1 TITLE	P ☐ Change ☒ Addition
NAME	VAJKO, MARY	2.2 NAME	Hansen, Dave
STREET ADDRESS	PO BOX 3143 NA	2.3 STREET ADDRESS	1827 Dresden st
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	North Port FL 34287
TITLE		3.1 TITLE	V ☐ Change ☒ Addition
NAME		3.2 NAME	Dunster, George
STREET ADDRESS		3.3 STREET ADDRESS	1867 Dresden st
CITY-ST-ZIP		3.4 CITY-ST-ZIP	North Port FL 34287
TITLE		4.1 TITLE	S ☐ Change ☒ Addition
NAME		4.2 NAME	Dunster, Ilona
STREET ADDRESS		4.3 STREET ADDRESS	1867 Dresden
CITY-ST-ZIP		4.4 CITY-ST-ZIP	North Port FL 34287
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: Ilona Dunster Ilona Dunster 3/21/95 813-426-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486488 FP