FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR 31 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT [redacted] 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
OLD DOMINION HOMES, INC.

DOCUMENT # H67162 (8)

Mailing Address
~~600 GRANDVIEW~~
LONGWOOD FL 32779

Principal Place of Business
~~600 GRANDVIEW~~
LONGWOOD FL 32779

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1985
3a. Date of Last Report: 07/26/1993

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

4. FEI Number: 59-2551687 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22): 517 Stanton Place
Suite, Apt. #, etc. (27): 517 Stanton Place

5. Certificate of Status Desired: $8.75 Additional Fee Required ☒

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ARTRIP, MARGARET
~~600 GRANDVIEW PLACE~~
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 517 Stanton Place
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Margaret A. Artrip DATE: 3/26/95
(Registered Agent's Signature Required) NOTE: Registered Agent's signature required when reinstated

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	D	
12 NAME	FIELDS, GILES D.	
13 STREET ADDRESS	~~600 GRANDVIEW~~	517 Stanton Place
14 CITY ST ZIP	LONGWOOD FL	
21 TITLE	D	
22 NAME	SWARTZ, DONNA A.	
23 STREET ADDRESS	~~500 GRANDVIEW~~	517 Stanton Place
24 CITY ST ZIP	LONGWOOD FL	
31 TITLE	P	
32 NAME	ARTRIP, MARGARET	
33 STREET ADDRESS	~~600 GRANDVIEW~~	517 Stanton Place
34 CITY ST ZIP	LONGWOOD FL	
41 TITLE		
42 NAME		
43 STREET ADDRESS		200001446932
44 CITY ST ZIP		-04/04/95--01032--014
51 TITLE		****208.75 ****208.75
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		GSS 3/31/95
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I/We 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)(k), Florida Statutes. I/We release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret A. Artrip Margaret A. Artrip 3/26/95 (407) 774-6961
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Daytime Phone #)