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 APR 12 PM 10:33

DOCUMENT # **H72661** **(2)**

1. Corporation Name

AMERICAN TRADITIONAL HOMES, INC.

Principal Place of Business	Mailing Address
4011 WEST FIELDER AVENUE TAMPA FL 33611	4011 WEST FIELDER AVENUE TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/22/1985**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2882328** ☐ 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 paid for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KEEN, HENRY H.
4011 WEST FIELDER AVENUE
TAMPA FL 33611

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KEEN, HENRY H.	12 NAME	
STREET ADDRESS	4011 W. FIELDER AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KEEN, HARRY T.	22 NAME	
STREET ADDRESS	6340 - 103RD AVENUE, N.	23 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	KEEN, ROBERT C.	32 NAME	
STREET ADDRESS	317 TIMBER BAY CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	KEEN, BETTY H.	42 NAME	
STREET ADDRESS	4011 W. FOELDER AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KEEN, DIANNA K.	52 NAME	
STREET ADDRESS	6340 - 103RD AVENUE, N.	53 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KEEN, CHERYL K.	62 NAME	
STREET ADDRESS	317 TIMBER BAY CIRCLE	63 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	64 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: Henry H. Keen HENRY H. KEEN PRESIDENT APRIL 4 1995 813-831-3279
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE — Daytime Phone #

0205390 CP