FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1)H88498 NEW DAY HOMES, INC. Principal Place of Business Mailing Address POST OFFICE BOX 6 POST OFFICE BOX 6 GRANDIN FL 32138 **GRANDIN FL 32138** DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 12/03/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2612302 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DIGIOVANNI, JAMES R. **ROUTE 4, BOX N** 82 Street Address (P.O. Box Number is Not Acceptable) INTERLACHEN FL 32148 83 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profest name of registered agent and life if applicable (NOTE Registered Agent a-gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE TITLE 1.1 TITLE Change DIGIOVANNI, JAMES R. NAME 1.2 NAME CR2E034 **ROUTE 4 BOX N** STREET ADDRESS 1.3 STREET ADDRESS INTERLACHEN FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LENAS, THOMAS P.(ASST)ST NAME 2.2 NAME ROUTE 4 BOX N STREET ADDRESS 2.3 STREET ADDRESS INTERLACHEN FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TETLE Change ☐ Addition TITLE DIGIOVANNI, JAMES R. NAME **ROUTE 4 BOX N** STREET ADDRESS 3.3 STREET ADDRESS INTERLACHEN FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP THILE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 suppliemental 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 receivor or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged or or an appear of the corporation of the c

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