FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** J90831 (5) BETTER HOMES, INC. Principal Place of Business Mailing Address 5309 HILLCREST ROAD 5309 HILLCREST ROAD CRESTVIEW FL 32536 CRESTVIEW FL 32536 3a. Date of Last Report 3. Date Incorporated or Qualified 09/03/1987 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5580 Pine Lake Drive 59-2840130 5580 Pine Lake 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be restriew FL \Box Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\sigma\) No Country Country 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 OVERTON, MIKE Street Address (P.O. Box Number is Not Acceptable) 5580 Pine Lake Drive 82 5309 HILLCREST RD 83 CRESTVIEW FL 32536 **B**4 City Kestview 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. Section 607.0509, Florida Statutes. SIGNATURE DAT (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition TITLE 1. 1 TITLE Overton Mike OVERTON, MIKE NAME 1.2 NAME 3580 Pine Lake Drive 5309 HILLCREST RD STREET ADDRESS 1.3 STREET ADDRESS restview 32539 CRESTVIEW FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition 2 1 TITLE TITLE WILLIAMS, KAREN 22 NAME NAME 2406 DUNCAN CT 2.3 STREET ADDRESS STREET ADDRESS **NICEVILLE FL** CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 11TLE Change Addition KAUSHAGEN, GARY NAME 3.2 NAME 818 MAGNOLIA SHORES STREET ADDRESS 3.3. STREET ADDRESS NICEVILLE FL CITY-ST-ZIP 3.4 C(1) - S1 - Z(P) DELETE Change Addition TITLE 4. 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6 1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental angual 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 true to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

oath; that I am an officer or director of the corporation or the receive or true appears in Block 12 or Block 13 if changed or on in all others with an