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

officer or director of the corpo Block 12 or Block 13 if chang

田田 **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 98 MAY -1 AM 8: 34 Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** CARRIAGE HOMES, INC SOUTHAM PTON Principal Place of Business Mailing Address 7031 GRAND NATIONAL DRIVE ORLANdo, FLORIDA 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated of Qualified SUITE 100 A 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DANIEL E. HARDER 7031 GRAND NATIONAL Street Address (P.O. Box Number is Not Acceptable) ORLANDO, TLORIDA 83 84 City 85 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as a gistered 1007 0505, Florida Statutes. DUNIEL E. HARDE SIGNATURE ( FLICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TOLE ☐ Change NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS TATEMENT 94-98 Change CITY-ST-ZIP 1.4 CiTY - \$1 - ZiP TITLE 2.1 TITLE NAME 2.2 NAME ROSE CT. BILDAR STREET ADDRESS 2.3 STREET ADDRESS 0 & LAD DO , 74 32 80 8 CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY+ST-ZIP TITLE DELETE 61 THE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not challfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplymental arriver eport is a period 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 provided by the exemption of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver provided by the exemption of the corporation or the receiver provided by the exemption of the corporation or the receiver provided by the exemption of the corporation or the receiver provided by the exemption of the corporation or the receiver provided by the exemption of the corporation or the receiver provided by the exemption of the receiver provided by the exemption of the corporation of the corporation or the receiver provided by the exemption of the corporation of the receiver provided by the exemption of the receiver provided by the receiver provided by