FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L32591** **(4)**

1. Corporation Name
ALL QUALITY HOMES, INC.

Principal Place of Business
% LLOYD C. BARNES
136 E. PLYMOUTH AVENUE
DELAND FL 32724

Mailing Address
% LLOYD C. BARNES
136 E. PLYMOUTH AVENUE
DELAND FL 32724

3. Date Incorporated or Qualified: 11/29/1989
3a. Date of Last Report: 08/24/1995

2. Principal Place of Business
21 % Paul A. Shaffer
22 Suite, Apt. #, etc. 136 E. Plymouth Ave.
23 City & State DeLand, FL
24 Zip 32724 25 Country

2a. Mailing Address
26 % Paul A. Shaffer
27 Suite, Apt. #, etc. 136 E. Plymouth Ave.
28 City & State DeLand, FL
29 Zip 32724 30 Country

4. FEI Number 59-3035967 — 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SHAFFER, PAUL A
136 E. PLYMOUTH AVENUE
DELAND FL 32724

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BARRY, CHARLES M.		1.2 NAME	P/C/D
STREET ADDRESS	674 BLACK IRONWOOD DR		1.3 STREET ADDRESS	Barry, Charles M.
CITY-ST-ZIP	DELAND FL 32724		1.4 CITY-ST-ZIP	674 Black Ironwood Dr. DeLand, FL 32724
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WELLMAN, BERNARD E.		2.2 NAME	
STREET ADDRESS	3590 GRAND AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARRY, VIRGINIA L.		3.2 NAME	
STREET ADDRESS	674 BLACK IRONWOOD DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, LLOYD C.		4.2 NAME	
STREET ADDRESS	929 BENT TREE BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	SHAFFER, PAUL A		5.2 NAME	V/T/D
STREET ADDRESS	676 YALE RD.		5.3 STREET ADDRESS	Shaffer, Paul A. 676 Yale Rd.
CITY-ST-ZIP	DELAND FL 32724		5.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 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: Paul A. Shaffer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1-12-96 — Daytime Phone #: (904) 736 6886

CR2E034 (12/95)