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 FEB 22 AM 11: 03

DOCUMENT # **M02228** (8)

1. Corporation Name

AMBASSADOR HOMES, INC.

Principal Place of Business	Mailing Address
245 PEACHTREE CENTER AVE. SUITE 1100 ATLANTA GA 30303 US	245 PEACHTREE CENTER AVE. SUITE 1100 ATLANTA GA 30303 US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1984	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2434171	☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMART, ROBERT L.	12 NAME	
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	13 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	14 CITY - ST - ZIP	
TITLE	STD	21 TITLE	Scty/Treasurer ☒ Change ☐ Addition
NAME	STRICKLAND, EDD	22 NAME	Barganier, J. Michael
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	23 STREET ADDRESS	245 Peachtree Center, Ave Suite 1100
CITY - ST - ZIP	ATLANTA GA	24 CITY - ST - ZIP	Atlanta, GA 30303
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CORRIGAN, RICHARD	32 NAME	
STREET ADDRESS	245 PEACHTREE CENTER AVE, STE 1100	33 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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)(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: Robert L. Smart 1-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003003 CP