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
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64930 (4)

1. Corporation Name
HENDRIX HOUSING, INC.

Principal Place of Business	Mailing Address
~~4105 NEPTUNE ROAD~~ ~~ST. CLOUD FL 34769~~ ~~US~~	~~4105 NEPTUNE ROAD~~ ~~ST. CLOUD FL 34769~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3999 PLEASANT HILL RD	26 3999 PLEASANT HILL RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 KISSIMMEE, FL	City & State 28 KISSIMMEE, FL
Zip 24 34746 Country 25 OSCEOLA	Zip 29 34746 Country 30 OSCEOLA

4. FEI Number: 59-2864490 ☐ 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

HENDRIX, JIMMY L.
~~4105 NEPTUNE ROAD~~
~~ST. CLOUD FL 34769~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3999 PLEASANT HILL RD
83
84 City KISSIMMEE FL 85 Zip Code 34746

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	HENDRIX, JIMMY L.	1.2 NAME	HENDRIX, JIMMY L.
STREET ADDRESS	~~1800 CHERRYWOOD CT.~~	1.3 STREET ADDRESS	3999 PLEASANT HILL RD
CITY-ST-ZIP	~~ST. CLOUD FL~~	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	~~HENDRIX, RENEE B.~~	2.2 NAME	delete completely
STREET ADDRESS	~~1800 CHERRYWOOD~~ CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ST. CLOUD~~ FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(i), 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: Jimmy Hendrix 8/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0377597 CP