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 JAN 17 AM 11:32

DOCUMENT # M68097 (8)

1. Corporation Name
LEE HARBOR HOMES, INC.

Principal Place of Business	Mailing Address
1708 LINCOLN AVE. % CRAIG KREIDER, P.O. BOX 1255 LEHIGH FL 33936-1550	1708 LINCOLN AVE. % CRAIG KREIDER, P.O. BOX 1255 LEHIGH FL 33936-1550

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1988
3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0027540 — 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

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 33970-1255 / 30 Country

9. Name and Address of Current Registered Agent

KREIDER, CRAIG
1708 LINCOLN AVE.
LEHIGH FL 33936

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	KREIDER, CRAIG	1 NAME	
STREET ADDRESS	1708 LINCOLN AVE.	1 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL	1 CITY-ST-ZIP	
TITLE	VP	2 TITLE	☒ Change ☐ Addition
NAME	SCHARON, JUAN	2 NAME	
STREET ADDRESS	2024 BAYSIDE PKWY	2 STREET ADDRESS	5410 LEE STREET
CITY-ST-ZIP	FT MYERS FL	2 CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	S	3 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, JENNIFER	3 NAME	
STREET ADDRESS	2325 ALTAMONT AVE	3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☒ Addition — VP
NAME		4 NAME	WILLIAM EASTMAN
STREET ADDRESS		4 STREET ADDRESS	504 NORIDGE DRIVE
CITY-ST-ZIP		4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: CRAIG KREIDER 1/10/95 (813) 369-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0334048 CP