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

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M70282 (2)

1. Current Name
HANSARD HOMES, INC.

Principal Place of Business
137 MILL SPRING PLACE
ORMOND BEACH FL 32174-4820

Mailing Address
137 MILL SPRING PLACE
ORMOND BEACH FL 32174-4820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1988
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business
21
Suite, Apt. #
22
City, State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #
27
City, State
28
Zip
29
Country
30

4. FEI Number: 59-2876498
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. Does corporation qualify for exemption under S. 607.1601, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HANSARD, WILLIAM C.
137 MILL SPRING PLACE
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1508 Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P HANSARD, WILLIAM C. 137 MILL SPRING PL ORMOND BEACH FL	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	ST HANSARD, ALICE P. 137 MILL SPRING PL ORMOND BEACH FL	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, and amendments thereto, if any, complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on the 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 a director or officer of the corporation or a receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report with an address.

SIGNATURE: William Hansard WILLIAM HANSARD 5.3.95 904 677 8680
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

0011113 CP