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 -1 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04998 (1)

1. Corporation Name
CMH HOMES, INC.

Principal Place of Business:
4726 AIRPORT HWY
LOUISVILLE TN 37777
US

Mailing Address:
P O BOX 2565
KNOXVILLE TN 37901
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/12/1985
3a. Date of Last Report: 03/29/1994
4. FEI Number: 62-1225153 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	TITLE	VP ☐ Change ☒ Addition
NAME	STEGMAYER, JOSEPH H	NAME	WILLIAMS, TIM
STREET ADDRESS	4726 AIRPORT HWY.	STREET ADDRESS	4726 AIRPORT HWY
CITY-ST-ZIP	LOUISVILLE TN	CITY-ST-ZIP	LOUSVILLE, TN 37777
TITLE	EVP/DIR	TITLE	☐ Change ☐ Addition
NAME	BOOTH, DAVID	NAME	
STREET ADDRESS	4726 AIRPORT HWY.	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE TN	CITY-ST-ZIP	
TITLE	~~S~~	TITLE	ASST. SEC. ☐ Change ☒ Addition
NAME	~~CLAYTON, KEVIN T~~	NAME	JORDAN, DAVID
STREET ADDRESS	~~4726 AIRPORT HWY.~~	STREET ADDRESS	4726 AIRPORT HWY
CITY-ST-ZIP	~~LOUISVILLE TN~~	CITY-ST-ZIP	LOUISVLLE, TN 37777
TITLE	T	TITLE	VP ☐ Change ☒ Addition
NAME	RHOADES, TIM	NAME	POTTER, JEFF
STREET ADDRESS	4726 AIRPORT HWY.	STREET ADDRESS	4726 AIRPORT HWY
CITY-ST-ZIP	LOUISVILLE TN	CITY-ST-ZIP	LOUISVILLE, TN 37777
TITLE	AS	TITLE	SEC ☒ Change ☐ Addition
NAME	BLACKWOOD, BRETT	NAME	BLACKWOOD, BRETT
STREET ADDRESS	4726 AIRPORT HWY	STREET ADDRESS	4726 AIRPORT HWY
CITY-ST-ZIP	LOUISVILLE TN	CITY-ST-ZIP	LOUISVILLE, TN 37777
TITLE	D	TITLE	CEO/DIR ☒ Change ☐ Addition
NAME	CLAYTON, JAMES T	NAME	CLAYTON, JAMES
STREET ADDRESS	4726 AIRPORT HWY	STREET ADDRESS	4726 AIRPORT HWY
CITY-ST-ZIP	LOUISVILLE TN	CITY-ST-ZIP	LOUISVILLE, TN 37777

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 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 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 or is attached with an address.

SIGNATURE: [signature] TIMOTHY R. RHOADES (615)970-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0470780 FP