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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04998** **(1)**

1. Corporation Name
CMH HOMES, INC.

Principal Place of Business	Mailing Address
625 MARKET STREET 8TH FLOOR KNOXVILLE TN 37902 US	P O BOX 2565 KNOXVILLE TN 37901-2565 US

3. Date Incorporated or Qualified: 02/12/1985
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21): 623 Market Street
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

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
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	EVDT	☐ DELETE	1.1 TITLE	EV/D/T	☒ Change ☐ Addition
NAME	STEGMAYER, JOSEPH H		1.2 NAME	Stegmayer, Joseph	
STREET ADDRESS	4726 AIRPORT HWY.		1.3 STREET ADDRESS	623 Market Street, 8th floor	
CITY-ST-ZIP	LOUISVILLE TN		1.4 CITY-ST-ZIP	Knoxville, TN 37902	
TITLE	PD	☐ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BOOTH, DAVID		2.2 NAME	Booth, David	
STREET ADDRESS	625 MARKET STREET 8TH FLOOR		2.3 STREET ADDRESS	623 Market Street, 8th floor	
CITY-ST-ZIP	KNOXVILLE TN		2.4 CITY-ST-ZIP	Knoxville, TN 37902	
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, DAVID		3.2 NAME		
STREET ADDRESS	4726 AIRPORT HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE TN		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	POTTER, JEFFREY		4.2 NAME	Kalec, John	
STREET ADDRESS	625 MARKET STREET 8TH FLOOR		4.3 STREET ADDRESS	623 Market Street, 8th floor	
CITY-ST-ZIP	KNOXVILLE TN		4.4 CITY-ST-ZIP	Knoxville, TN 37902	
TITLE	S	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	BLACKWOOD, BRETT		5.2 NAME	Statum, Tab	
STREET ADDRESS	625 MARKET STREET 8TH FLOOR		5.3 STREET ADDRESS	623 Market Street, 8th floor	
CITY-ST-ZIP	KNOXVILLE TN		5.4 CITY-ST-ZIP	Knoxville, TN 37902	
TITLE	CEOD	☐ DELETE	6.1 TITLE	CEOD	☒ Change ☐ Addition
NAME	CLAYTON, JAMES T		6.2 NAME	Clayton, James L.	
STREET ADDRESS	625 MARKET STREET 8TH FLOOR		6.3 STREET ADDRESS	623 Market Street, 8th Floor	
CITY-ST-ZIP	KNOXVILLE TN		6.4 CITY-ST-ZIP	Knoxville, TN 37902	

CR2E034 (9/96)

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: John Kalec 4-29-97 (423) 970-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477727