

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 12:19

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P10365** (5)  
 1. Corporation Name  
**HINES HOMES INC.**

Principal Office Address: **105 SE PARKWAY, SUITE 111 P.O. BOX 1175 FRANKLIN TN 37065-1175**  
 Mailing Address: **105 SE PARKWAY, SUITE 111 P.O. BOX 1175 FRANKLIN TN 37065-1175**

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Created <b>06/09/1986</b>		3a. Date of Last Report <b>04/27/1994</b>	
4. FEI Number <b>62-1295295</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under 1919 USCF, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Principal Office Location	22. State Apt. # etc.	23. City & State	24. City
25. State Apt. # etc.	26. State Apt. # etc.	27. City & State	28. City & State
29. City	30. City	31. City	32. City


9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HINES, C. STANLEY</b> <b>36 LAZY EIGHT DR., RT. 1</b> <b>DAYTONA BEACH FL 32014</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal office located at 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 607.15(8), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
16. TITLE	17. NAME	18. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
19. STREET ADDRESS	20. CITY, ST, ZIP	21. NAME	22. TITLE
23. CITY, ST, ZIP	24. CITY, ST, ZIP	25. NAME	26. TITLE
27. CITY, ST, ZIP	28. CITY, ST, ZIP	29. NAME	30. TITLE
31. CITY, ST, ZIP	32. CITY, ST, ZIP	33. NAME	34. TITLE
35. CITY, ST, ZIP	36. CITY, ST, ZIP	37. NAME	38. TITLE
39. CITY, ST, ZIP	40. CITY, ST, ZIP	41. NAME	42. TITLE
43. CITY, ST, ZIP	44. CITY, ST, ZIP	45. NAME	46. TITLE
47. CITY, ST, ZIP	48. CITY, ST, ZIP	49. NAME	50. TITLE
51. CITY, ST, ZIP	52. CITY, ST, ZIP	53. NAME	54. TITLE
55. CITY, ST, ZIP	56. CITY, ST, ZIP	57. NAME	58. TITLE
59. CITY, ST, ZIP	60. CITY, ST, ZIP	61. NAME	62. TITLE

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am qualified to act as registered agent for the corporation stated in Section 607.15(8), Florida Statutes. I further certify that the information indicated on the corporate report of incorporation and subsequent amendments and articles of amendment and that my corporate address shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the name of another person authorized to represent the corporation as required by Chapter 607, Florida Statutes, and that my representative is Block 1, or Block 4, of the report of incorporation with an address.

SIGNATURE:  **Michael G. Hines** 4/21/95 615/790-7213  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR