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 FEB 14 PM 12:54

DOCUMENT # P19001 (7)

1. Corporation Name
HOME-CREST CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 595 GOSHEN IN 46526	P.O. BOX 595 GOSHEN IN 46526

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1988
3a. Date of Last Report: 03/29/1994

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

4. FEI Number: 35-1160155 ☐ 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 SOUTH 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 _____ (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	PD ☐ Change ☒ Addition
NAME	HAGAN, MICHAEL J	12 NAME	Russell S. Warner
STREET ADDRESS	1702 KENTFIELD WAY	13 STREET ADDRESS	116 East Beardsley
CITY-ST-ZIP	GOSHEN IN	14 CITY-ST-ZIP	Elkhart, IN 46514
TITLE	D	21 TITLE	SD ☐ Change ☒ Addition
NAME	SHANK, G.E.	22 NAME	George E. Buckingham
STREET ADDRESS	2903 WOODMERE	23 STREET ADDRESS	130 N. Main Street
CITY-ST-ZIP	GOSHEN IN	24 CITY-ST-ZIP	Goshen, IN 46526
TITLE	D	31 TITLE	D ☐ Change ☒ Addition
NAME	KEENE, THOMAS A.	32 NAME	James E. Yahne
STREET ADDRESS	5938 W. 250N N	33 STREET ADDRESS	2804 Woodmere
CITY-ST-ZIP	LAPORTE IN	34 CITY-ST-ZIP	Goshen, IN 46526
TITLE	D	41 TITLE	V ☐ Change ☒ Addition
NAME	MORRISON, WILLIAM L.	42 NAME	Douglas Conley
STREET ADDRESS	1125 E. 48TH STREET	43 STREET ADDRESS	131 E. Dearwood Court
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	Warsaw, IN 46580
TITLE	D	51 TITLE	V ☐ Change ☒ Addition
NAME	ARMSTRONG, RICHARD L.	52 NAME	Thomas Schmidt
STREET ADDRESS	443 SOUTH WEST BLVD.	53 STREET ADDRESS	56114 C. R. 23
CITY-ST-ZIP	ELKHART IN	54 CITY-ST-ZIP	Bristol, IN 46507
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	GOEBEL, JOHN A.	62 NAME	
STREET ADDRESS	3015 TWIN PINES POINTE	63 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Michael J. Hagan, V.P., Adm. Michael J Hagan 2/20/95 (219)533-9571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420055 FN