SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -7 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011188 (9)

1. Corporation Name
GIVENS CARRIAGE HOMES, INC.

Principal Place of Business	Mailing Address
~~242 N WESTMONTE DR~~ ~~ALTAMONTE SPRINGS FL 32714~~	~~242 N WESTMONTE DR~~ ~~ALTAMONTE SPRINGS FL 32714~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 08/03/1994

2. Principal Place of Business (21): 921 Douglas Ave.
Suite, Apt. #, etc. (22):
City & State (23): Altamonte Springs, FL
Zip (24): 32714 Country (25):

2a. Mailing Address (26): 921 Douglas Ave.
Suite, Apt. #, etc. (27):
City & State (28): Altamonte Springs, FL
Zip (29): 32714 Country (30):

4. FEI Number: 59-3154089 ☐ 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

BRINK, HOWARD
242 N. WESTMONTE DR.
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: MARK T. BLAKE
82 Street Address (P.O. Box Number is Not Acceptable): 921 DOUGLAS AVE #100
83:
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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 X [signature] 6/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DV ☒ Change ☐ Addition
NAME	BRINK, HOWARD	1.2 NAME	Gregory A. Boyd
STREET ADDRESS	242 N WESTMONTE DR	1.3 STREET ADDRESS	921 Douglas Ave
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	HILLIARD, ROBERT G	2.2 NAME	Mark L. Dove
STREET ADDRESS	242 N WESTMONTE DR	2.3 STREET ADDRESS	921 Douglas Ave.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	MONROE, MARK	3.2 NAME	
STREET ADDRESS	242 N WESTMONTE DR	3.3 STREET ADDRESS	900001534889
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	--07/11/95--01087--014
TITLE	DV	4.1 TITLE	****233.75 ☐ Change ****233.75 ☐ Addition
NAME	HACKETT, SHAVE	4.2 NAME	
STREET ADDRESS	242 N. WESTMONTE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Gregory A. Boyd Gregory A. Boyd 6-7-95 (407)774-3417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000529 CP