FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 JUL 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011188 (9)

1. Corporation Name

GIVENS CARRIAGE HOMES, INC.

Principal Place of Business
921 DOUGLAS AVE.
ALTAMONTE SPRINGS FL 32714

Mailing Address
921 DOUGLAS AVE.
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
21 250 Crown Oak Centre Drive
Suite, Apt. #, etc
22
City & State
23 Longwood, Florida
Zip 24 32750
Country 25 Seminole

2a. Mailing Address
26 250 Crown Oak Centre Drive
Suite, Apt. #, etc.
27
City & State
28 Longwood, Florida
Zip 29 32750
Country 30 Seminole

3. Date Incorporated or Qualified: 12/10/1992

3a. Date of Last Report: 07/07/1995

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

BLAKE, MARK T.
921 DOUGLAS AVE.
STE. 100
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: David Phillips
82 Street Address (P.O. Box Number is Not Acceptable)
83 250 Crown Oak Centre Dr.
84 City: Longwood FL 85 Zip Code: 32750

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] 18 July 96
DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	☒ DELETE
NAME	BOYD, GREGORY A	
STREET ADDRESS	921 DOUGLAS AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DV	☒ DELETE
NAME	DOVE, MARK L	
STREET ADDRESS	921 DOUGLAS AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	☐ Change ☒ Addition
1.2 NAME	David Phillips	
1.3 STREET ADDRESS	250 Crown Oak Centre Dr.	
1.4 CITY-ST-ZIP	Longwood, FL 32750	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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: X [signature] 18 Jul 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE