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

APPROVED AND FILED

95 MAY -1 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004768 (6)

1. Corporation Name

ALLEN HOMES, INC.

Principal Place of Business	Mailing Address
702 HARTFORD DRIVE PORT CHARLOTTE FL 33980	702 HARTFORD DRIVE PORT CHARLOTTE FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0387485 — 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. Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

ALLEN, W A
702 HARTFORD DRIVE
PORT CHARLOTTE FL 33952

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ Change ☐ Addition
NAME	ALLEN, W A	
STREET ADDRESS	702 HARTFORD DR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VP	☐ Change ☐ Addition
NAME	ALLEN, GUY	
STREET ADDRESS	3025 COBBLEWOOD LANE - E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☐ Change ☐ Addition
NAME	ALLEN, PHYLLIS	
STREET ADDRESS	702 HARTFORD DR	
CITY-ST-ZIP	P CHARLOTTE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I the undersigned, 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: Phyllis Allen 4/27/95 813-629-5981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0452003 FP