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 APR 13 PM 4:04

DOCUMENT # **P93000029591 (3)**

1. Corporation Name
JACKSON/DAHL HOMES, INC.

Principal Place of Business	Mailing Address
1200 GULF LIFE DRIVE SUITE 902 JACKSONVILLE FL 32207	1200 GULF LIFE DRIVE SUITE 902 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1200 RIVER PLACE BLVD.	26 1200 RIVER PLACE BLVD.
Suite, Apt. #, etc. 22 SUITE 902	Suite, Apt. #, etc. 27 SUITE 902
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip / Country 24 32207 / 25 USA	Zip / Country 29 32207 / 30 USA

4. FEI Number: 59-3179016 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	DAHL, JAMES H	12 NAME	
STREET ADDRESS	1200 GULF LIFE DRIVE, SUITE 902	13 STREET ADDRESS	1200 RIVERPLACE BLVD, SUITE 902
CITY ST ZIP	JACKSONVILLE FL 32207	14 CITY ST ZIP	JACKSONVILLE FL
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	DAHL, WILLIAM L	22 NAME	
STREET ADDRESS	1200 GULF LIFE DRIVE, SUITE 902	23 STREET ADDRESS	1200 RIVERPLACE BLVD, SUITE 902
CITY ST ZIP	JACKSONVILLE FL 32207	24 CITY ST ZIP	JACKSONVILLE FL
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	CAHOON, ART	32 NAME	
STREET ADDRESS	1200 GULF LIFE DRIVE, SUITE 902	33 STREET ADDRESS	1200 RIVERPLACE BLVD, SUITE 902
CITY ST ZIP	JACKSONVILLE FL 32207	34 CITY ST ZIP	JACKSONVILLE FL 32207
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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: Will E Dahl 4/10/95 (904)393-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0016127 CP