FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996 8/14/96 L-7798 C

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

DOCUMENT # P93000056928 (3)

1. Corporation Name

PICERNE HOMES, INC.

Principal Place of Business	Mailing Address
1000 N ORLANDO AVE SUITE A WINTER PARK FL 32789	215 N. EOLA DR. ORLANDO FL 32801 US

3. Date Incorporated or Qualified: 08/13/1993
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-3199108 ☐ 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 *Consolidated*

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

9. Name and Address of Current Registered Agent

FIELDS, RICHARD J
215 N EOLA DR
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: *FILDES, RICHARD J.*
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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PICERNE, RONALD R S	
STREET ADDRESS	75 LAMBERT LIND HWY	
CITY-ST-ZIP	WARWICK RI 02886	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	☐ Change ☒ Addition
1.2 NAME	PICERNE, ROBERT M.	
1.3 STREET ADDRESS	1000-A N. ORLANDO AVE.	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
2.1 TITLE	VP/S	☐ Change ☒ Addition
2.2 NAME	ERICH, JACK W.	
2.3 STREET ADDRESS	1000-A N. ORLANO AVE.	
2.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
3.1 TITLE	VP	☐ Change ☒ Addition
3.2 NAME	PASCIONI, GARY L.	
3.3 STREET ADDRESS	1000-A N. ORLANDO AVE.	
3.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
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		

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: ______________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT M. PICERNE, PRESIDENT
Date ______ Daytime Phone # ______

CR2E034 (12/95)