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 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000008117 (1)**

1. Corporate Name
20TH CENTURY HOMES, INC.

Principal Place of Business	Mailing Address
1250 S. HIGHWAY 17-92 SUITE 130 LONGWOOD FL 32750	1250 S. HIGHWAY 17-92 SUITE 130 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/24/1994**
3a. Date of Last Report:

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

4. FEI Number: **59-3241364** ☐ 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

OSWALD, KENNETH F
600 COURTLAND ST.
SUITE 110
ORLANDO FL 32804

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 Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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. OFFICER AND DIRECTORS

TYPE	D
NAME	WALLSCHLAEGER, MARK A
STREET ADDRESS	440 QUAY ASSISI
CITY ST ZIP	NEW SMYRNA BEACH FL 32069

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	S/T/D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP	NEW SMYRNA BEACH, FLORIDA 32169	
TYPE	P/D	☐ Change ☒ Addition
NAME	NODSLE, HAROLD A.	
STREET ADDRESS	1250 S. HIGHWAY 17-92, SUITE 130	
CITY ST ZIP	LONGWOOD, FLORIDA 32750	

14. I, the undersigned, being the director or officer of the corporation named in item 1, do hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation under the penalties prescribed in s. 817.155, Florida Statutes, 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 13 above, or on an attachment with an address.

SIGNATURE: _____ PRESIDENT/DIRECTOR 4-20-95 (407)339-6648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HAROLD A. NODSLE

004408 CP