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 MAY -1 AM 9:58

DOCUMENT # **P94000010459 (3)**

1. Corporation Name
HARMONY HOMES OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
9345 CHISHOLM ROAD APT. C-4 PENSACOLA FL 32514	9345 CHISHOLM ROAD APT. C-4 PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1412 CASTNET DR.
22: Suite, Apt. #, etc:
23: City & State: NAVARRE, FL
24: Zip: 32566
25: Country: SANTA ROSA

2a. Mailing Address
26: P.O. BOX 10428
27: Suite, Apt. #, etc:
28: City & State: PENSACOLA, FLORIDA
29: Zip: 32524
30: Country: ESCAMBIA

4. FEI Number: 59-3233193 ☐ 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

SCHINDLER, BRIAN S
9345 CHISHOLM ROAD
APT. C-4
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name: BRIAN S. SCHINDLER
82 Street Address (P.O. Box Number is Not Acceptable): 1412 CASTNET DRIVE
83:
84 City: NAVARRE **FL** 85 Zip Code: 32566

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: Brian P. Schindler — PRESIDENT — BRIAN S. SCHINDLER — 4-24-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D, P, S, T	☒ Change ☐ Addition
NAME	SCHINDLER, BRIAN S	12 NAME	SCHINDLER, BRIAN S.	
STREET ADDRESS	P. O. BOX 10428	13 STREET ADDRESS	P.O. BOX 10428	1412 CASTNET
CITY ST ZIP	PENSACOLA FL 32524	14 CITY ST ZIP	PENSACOLA, FL 32524	NAVARRE, FL 32566
TITLE		21 TITLE	V	☐ Change ☑ Addition
NAME	~~SCHINDLER, BRENT D.~~	22 NAME	SCHINDLER, BRENT D.	
STREET ADDRESS	~~P.O. BOX 6045~~	23 STREET ADDRESS	P.O. BOX 6045	1412 CASTNET
CITY ST ZIP		24 CITY ST ZIP	GULF BREEZE, FL 32561	NAVARRE, FL 32566
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
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		

REMITTED BY MAY 1

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: Brian P. Schindler — BRIAN S. SCHINDLER, PRES. — 4/24/95 — 904-939-4595
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0400032 FP