SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000010459 (3)**

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

Principal Place of Business	Mailing Address
1412 CASTNET DR APT. C-4 NAVARRE FL 32566 US	P O BOX 10428 ~~APT. C-4~~ PENSACOLA FL 32524 US

2. Principal Place of Business 21 1254E College Pkwy.	2a. Mailing Address 26 P.O. Box 10428
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Gulf Breeze, FL	City & State 28 Pensacola, FL
Zip / Country 24 32561 / 25 U.S.	Zip / Country 29 32524 / 30 U.S.

3. Date Incorporated or Qualified 02/01/1994	3a. Date of Last Report 05/01/1995
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
1412 CASTNET DRIVE
APT. C-4
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name: Brian S. Schindler
82 Street Address (P.O. Box Number is Not Acceptable): P.O. Box 10428
83: 1254E College Parkway
84 City: Pensacola **FL** 85 Zip Code: 32524

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: [signature] Brian S. Schindler, President 6/22/96
Signature, type or print 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	DPST	☐ DELETE	1.1 TITLE	D P ☒ Change ☐ Addition
NAME	SCHINDLER, BRIAN S		1.2 NAME	Brian S. Schindler
STREET ADDRESS	1412 CASTNET DR		1.3 STREET ADDRESS	1254E College Parkway
CITY-ST-ZIP	NAVARRE FL		1.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	V	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHINDLER, BRENT D		2.2 NAME	
STREET ADDRESS	1412 CASTNET DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Brian S. Schindler 6/22/96 904-934-5272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #