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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
1254 E COLLEGE PKWY ~~APT. C4~~ GULF BREEZE FL 32561 US	P.O. BOX 10428 ~~APT. C4~~ PENSACOLA FL 32524-0428 US

3. Date Incorporated or Qualified: 02/01/1994
3a. Date of Last Report: 06/27/1996
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

2. Principal Place of Business
21 1254E COLLEGE PKWY
Suite, Apt. #, etc.: 22 —
City & State: 23 GULF BREEZE FL
Zip: 24 32561 Country: 25 USA

2a. Mailing Address
26 P.O. BOX 10428
Suite, Apt. #, etc.: 27 —
City & State: 28 PENSACOLA, FL
Zip: 29 32524-0428 Country: 30 USA

9. Name and Address of Current Registered Agent
SCHINDLER, BRIAN S
P.O. BOX 10428
~~125E COLLEGE PARKWAY~~
PENSACOLA FL 32524

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: 32524-0428

11. Pursuant to the provisions of Sections 607.0402 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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] BRIAN S. SCHINDLER PRESIDENT 3-8-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SCHINDLER, BRIAN S	
STREET ADDRESS	1254 E COLLEGE PARKWAY	
CITY-ST-ZIP	~~NAVARRE FL~~	
TITLE	V	☒ DELETE
NAME	SCHINDLER, BRENT D	
STREET ADDRESS	1412 CASTNET DR	
CITY-ST-ZIP	NAVARRE FL	
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	DP	☒ Change ☐ Addition
1.2 NAME	BRIAN S. SCHINDLER	
1.3 STREET ADDRESS	1254 E COLLEGE PKWY	
1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E034 (9/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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] BRIAN S. SCHINDLER 3/8/97 904-916-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491468