E 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
1995 MAY -1 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016406 (8)

1. Corporation Name

LANGE CUSTOM HOMES, INC.

500001491785
-05/17/95--01138--020
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
25449 COLMAR AVE. MOUNT PLYMOUTH FL 32776	25449 COLMAR AVE. MOUNT PLYMOUTH FL 32776

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report: n/a

2. Principal Place of Business
21: 25444 SR 46
22 Suite, Apt. #, etc.: Suite 1
23 City & State: Mt. Plymouth, Fl
24 Zip: 32776
25 Country: US

2a. Mailing Address
26: 25444 SR 46
27 Suite, Apt. #, etc.: Suite 1
28 City & State: Mt. Plymouth, Fl.
29 Zip: 32776
30 Country: US

4. FEI Number: 59-3234522 ☐ 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

CLEMENT, G. EDWARD
308 E. 5TH AVE.
MOUNT DORA FL 32757

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 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
(Signature, Typed or Printed Name of registered agent and Title if applicable) (NOTE: Registered Agent Signature required when reinstating)

12. # OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President/Vice-Pres.	☒ Change ☐ Addition
NAME	LANGE, WILLIAM P	12 NAME	William P. Lange	
STREET ADDRESS	25449 COLMAR AVE.	13 STREET ADDRESS	25444 SR 46, Suite 1	
CITY-ST-ZIP	MOUNT PLYMOUTH FL 32776	14 CITY-ST-ZIP	Mt. Plymouth, Florida 32776	
TITLE		21 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME		22 NAME	Florence A. Lange	
STREET ADDRESS		23 STREET ADDRESS	25444 SR 46, Suite 1	
CITY-ST-ZIP		24 CITY-ST-ZIP	Mt. Plymouth, Florida 32776	
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	DD	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	5-1-95	
CITY-ST-ZIP		64 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)(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: Florence A Lange 904-383-7777
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Daytime Phone #)
Florence A. Lange - Sec/Treas. 5-9-95
Date

0061200 CP