FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000016844 (0)**

1. Corporation Name

NEW HOME CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1633 E VINE ST SUITE 205 KISSIMMEE FL 34744 US	P O BOX 421052 SUITE #9 KISSIMMEE FL 34743 US

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report: 02/10/1995

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip / Country
24 | 25

2a. Mailing Address
26 1633 E. VINE ST
Suite, Apt. #, etc.
27 SUITE 205
City & State
28 KISSIMMEE
Zip / Country
29 FL 34744 | 30 USA

4. FEI Number: 59-3238298 ☐ 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

COWELL, JANET E
1712 ST TROPEZ CT
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: KATHLEEN TANNER
82 Street Address (P.O. Box Number is Not Acceptable): 697 ADRIANE PARK CIRCLE
83
84 City: KISSIMMEE FL 85 Zip Code: 34744

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: Kathleen Tanner KATHLEEN TANNER. DATE: 1/24/96
Signature of 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	☐ DELETE	1.1 TITLE: D ☒ Change ☐ Addition
NAME	COWELL, JANET E		1.2 NAME: JANET E. COWELL
STREET ADDRESS	1712 ST TROPEZ CT		1.3 STREET ADDRESS: 5303 FOREST BREEZE CT
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP: ST CLOUD, FL. 34771
TITLE		☐ DELETE	2.1 TITLE: ☐ Change ☐ Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			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 (12/95)

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

SIGNATURE: Janet Cowell 1/24/96 407 935-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #