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 APR -7 AM 11:44

DOCUMENT # **P94000020762 (8)**

1. Corporation Name

CAVALIER HOMES, INC.

Principal Place of Business
24400 SPILLERS DR
ASTOR FL 32102

Mailing Address
POB 592
ASTOR FL 32102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1994

3a. Date of Last Report: N/A

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 59-3229830 — Applied For / Not Applicable

Suite, Apt #, etc. (22) — Suite, Apt #, etc. (27)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State (23) — City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip (24) — Country (25) — Zip (29) — Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WORMAN, ROBERT B
105 E ROBINSON ST
STE 540
ORLANDO FL 32801

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	President	☐ Change ☑ Addition
NAME		1.2 NAME	Preston J. Saltalamacchia	
STREET ADDRESS		1.3 STREET ADDRESS	24400 Spillers Dr.	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Astor FL 32102	
TITLE		2.1 TITLE	V/T/S	☐ Change ☑ Addition
NAME		2.2 NAME	Sue A. Saltalamacchia	
STREET ADDRESS		2.3 STREET ADDRESS	24400 Spillers Dr.	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Astor, FL 32102	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4 CITY - ST - ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 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)(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: Sue A. Saltalamacchia — 3/15/95 — 904/759-3945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sue A. Saltalamacchia

0408944 FP