FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031965 (4)

1. Corporate Name

BILTMORE CUSTOM HOMES, INC.

Principal Place of Business	Mailing Address
2800 AINTREE LANE #201 NAPLES FL 33962	2800 AINTREE LANE #201 NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report:
4. FEI Number: 65-0515519 — 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 / 2a. Mailing Address
21 / 26
22 Suite, Apt. #, etc. / 27 Suite, Apt. #, etc.
23 City & State / 28 City & State
24 Zip / 25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RHODES, BOBBY LEE 2800 AINTREE LANE #201 NAPLES FL 33962	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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP	1 TITLE	☐ Change ☐ Addition
NAME	RHODES, BOBBY LEE	1 NAME	
STREET ADDRESS	2800 AINTREE LANE #201	1 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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: [signature] President — Date 5/17/95 — Daytime Phone # 1-941-775-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0330596 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
95 MAY 15 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032228 (6)**

1. Corporate Name
AFIS, INC.

Principal Address
2120 CORPORATE SQUARE BLVD
SUITE 28
JACKSONVILLE FL 32116

Mailing Address
2120 CORPORATE SQUARE BLVD
SUITE 28
JACKSONVILLE FL 32116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **04/28/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21
2a. Mailing Address
26
Suite, Apt. # or P.O.
22
Suite, Apt. # or P.O.
27
City & State
23
City & State
28
Zip
24
County
25
Zip
29
County
30

4. FEI Number: **59-3261892** — 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

SMITH, D. LAMAR
301 W BAY ST
MAIL BOX 22
JACKSONVILLE FL 32202

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 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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 (Typed or printed name of registered agent and title if agent is corporation) DATE

12. OFFICER AND DIRECTOR

Title	D
Name	AINSWORTH, HARRY J
Street Address	2120 CORPORATE SQ BLVD SUITE 28
City-State-Zip	JACKSONVILLE FL 32216
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	VICE PRESIDENT	☐ Change ☒ Addition
Name	LINDA L AINSWORTH	
Street Address	2120 CORPORATE SQ BLVD SUITE 28	
City-State-Zip	JACKSONVILLE FL 32216	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I hereby certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Linda L. Ainsworth — 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0017001 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032526 (3)**

1. Corporate Name

HODGES TIRE AND BATTERY, INC.

Principal Place of Business

RT. 10. BOX 126
TALLAHASSEE FL 32310

Mailing Address

RT. 10. BOX 126
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/29/1994**

3a. Date of Last Report

4. FEI Number: **59-3239144** ☐ 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 Chapter 199, Florida Statutes. ☒ Yes ☐ No

21	2. Principal Place of Business	26	2a. Mailing Address
22	State Add'l Info	27	State Add'l Info
23	City & State	28	City & State
24	Zip 25 County	29	Zip 30 County

9. Name and Address of Current Registered Agent

HODGES, TERRY .
RT. 10, BOX 126
TALLAHASSEE FL 32310

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 Section 607.0501 and/or 617.1803, 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(S)

12. OFFICER, AND DIRECTORS

Title	President
Name	Terry Hodges
Street Address	Rt 10 Box 126
City-St-Zip	Tallahassee FL 32310
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	NO CHANGES	☐ Change ☐ Addition
Name		☐ Change ☐ Addition
Street Address		☐ Change ☐ Addition
City-St-Zip		☐ Change ☐ Addition
Title		☐ Change ☐ Addition
Name		☐ Change ☐ Addition
Street Address		☐ Change ☐ Addition
City-St-Zip		☐ Change ☐ Addition

14. I 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 or contained on an attachment with an address.

SIGNATURE: Terry Hodges President Terry Hodges 5/4/95 574-0147

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408770 FP