AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P94000033277 (2)

1. Corporation Name

CROWN HOMES, INC.

Principal Place of Business	Mailing Address
435 DOUGLAS AVE STE 1505 ALTAMONTE SPRINGS FL 32714	435 DOUGLAS AVE STE 1505 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report:
4. FEI Number: 59-3238629 — 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 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address: 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HATCHER, JOHN E JR ~~435 DOUGLAS AVE~~ ~~STE 1505~~ ~~ALTAMONTE SPRINGS FL 32714~~	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 1013 Sweetbriar Road 83 84 City: Orlando FL 85 Zip Code: 32806

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

12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President	☐ Change ☐ Addition
NAME	FRANK MACAGNONE	
STREET ADDRESS	435 Douglas Ave	
CITY-ST-ZIP	Altamonte Springs, Fla 32714	
TITLE	SECRETARY/Treasurer	☐ Change ☐ Addition
NAME	FRANK MACAGNONE	
STREET ADDRESS	435 Douglas Ave	
CITY-ST-ZIP	Altamonte Springs, Fla 32714	
TITLE	V.P. of Administration	☐ Change ☐ Addition
NAME	NANCY Papke	
STREET ADDRESS	435 Douglas Ave, Suite 2205	
CITY-ST-ZIP	Altamonte Springs, Fla 32714	
TITLE	V.P of Residential office operations	☐ Change ☐ Addition
NAME	DeANNA Meixner	
STREET ADDRESS	435 Douglas Ave, suite 2205	
CITY-ST-ZIP	Altamonte Springs, Fla 32714	
TITLE	V.P. of Purchasing & Cost Control	☐ Change ☐ Addition
NAME	Samuel Joseph	
STREET ADDRESS	435 Douglas Ave	
CITY-ST-ZIP	Altamonte Springs, Fla. 32714	
TITLE	C.F.O	☐ Change ☐ Addition
NAME	stephen Striplin	
STREET ADDRESS	435 Douglas Ave	
CITY-ST-ZIP	Altamonte Springs, Fla 32714	

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(1)(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] 2/15/95 (407) 774-7552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen Striplin

0030386 CP