

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**AND
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95 APR -7 AM 5:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Suzanne B. McCormick Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000033277 (2)

1. Incorporation 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		
2. Principal Place of Business	28. Mailing Address		
21	26		
Auto. Act. # 00	State. Apt. # etc		
22	27		
City & State	City & State		
23	28		
Ap. []	Country	Ap. []	Country
24	25	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized	3a. Date of Last Report
04/29/1994	
4. FLS Number	Applied For 59-3238629 Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent	
HATCHER, JOHN E JR 435 DOUGLAS AVE STE 1505 ALTAMONTE SPRINGS FL 32714	
10. Name and Address of New Registered Agent	
81. Name	
82. Street Address, P.O. Box Number, c/o, Not Applicable 1013 Sweetbriar Road	
83.	
84. City	Orlando
85. Zip Code	32806

11. Pursuant to the provisions of Section 601.01, Statute of 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, but no change was authorized by the corporation's board of directors, thereby except the appointment as registered agent, from the law and the registration of section 601.01, Statute of Florida Statutes.

SUPERVISOR

12. Officers and Directors of Corporation after this filing

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)
1. NAME FRANK MACAGNONE 435 DOUGLAS AVE ALTAMONTE SPRINGS, FLA 32714	1. NAME FRANK MACAGNONE 435 DOUGLAS AVE ALTAMONTE SPRINGS, FLA 32714
2. NAME FRANK MACAGNONE 435 DOUGLAS AVE ALTAMONTE SPRINGS, FLA 32714	2. NAME FRANK MACAGNONE 435 DOUGLAS AVE ALTAMONTE SPRINGS, FLA 32714
3. NAME NANLY Papke 435 DOUGLAS AVE, SUITE 2205 ALTAMONTE SPRINGS, FLA 32714	3. NAME NANLY Papke 435 DOUGLAS AVE, SUITE 2205 ALTAMONTE SPRINGS, FLA 32714
4. NAME DEANNA McTEXNER 435 DOUGLAS AVE, SUITE 2205 ALTAMONTE SPRINGS, FLA 32714	4. NAME DEANNA McTEXNER 435 DOUGLAS AVE, SUITE 2205 ALTAMONTE SPRINGS, FLA 32714
5. NAME SAMUEL Joseph 435 DOUGLAS AVE ALTAMONTE SPRINGS, FLA 32714	5. NAME SAMUEL Joseph 435 DOUGLAS AVE ALTAMONTE SPRINGS, FLA 32714
6. NAME STEPHEN Striplin 435 DOUGLAS AVE ALTAMONTE SPRINGS, FLA 32714	6. NAME STEPHEN Striplin 435 DOUGLAS AVE ALTAMONTE SPRINGS, FLA 32714
7. NAME STEPHEN Striplin 435 DOUGLAS AVE ALTAMONTE SPRINGS, FLA 32714	7. NAME STEPHEN Striplin 435 DOUGLAS AVE ALTAMONTE SPRINGS, FLA 32714

14. I hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exception stated in the law 601.01, Statute of Florida, Statute, further certify that the information contained on this annual report or supplemental annual report is true and accurate and that no agent or employee shall have the same for profit, and that under oath that I am an officer or director of the corporation or the receiver or trustee compensated to execute this report as required by chapter 601, Statute of Florida Statutes, and that my name appears in Block 12 or Block 13 changed or on an attachment with an addition.

SIGNATURE: Stephen Striplin

PRINTED AND TYPED OR SIGNED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen Striplin

2/15/95 (6)774-7552

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