SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 12 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056193 (3)**

1. Corporation Name
P B HOMES, INC

Principal Place of Business	Mailing Address
926 SUNSET RD BOYNTON BEACH FL 33435	926 SUNSET RD BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 400 S Federal Hwy	26 400 S Federal Hwy
Suite, Apt. #, etc. 22 Suite 413	Suite, Apt. #, etc. 27 Suite 413
City & State 23 Boynton Bch Fla	City & State 28 Boynton Beach Fl
Zip / Country 24 33435 / 25 Palm Beach	Zip / Country 29 33435 / 30 Palm Beach

4. FEI Number: 650515872 ☐ 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

BROWNE, PETER
926 SUNSET RD
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

61 Name: Robert Railey
62 Street Address (P.O. Box Number is Not Acceptable): 2545 S. Ocean Blvd
63 Apt #
64 City: Palm Beach FL 65 Zip Code: 33480

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: Robert Railey 6-30-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/V	☐ Change ☒ Addition
NAME	BROWNE, PETER	1.2 NAME	Peter Browne	
STREET ADDRESS	926 SUNSET RD	1.3 STREET ADDRESS	926 Sunset Road	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	1.4 CITY-ST-ZIP	Boynton Beach Fl 33435	
TITLE		2.1 TITLE	P/M	☐ Change ☒ Addition
NAME		2.2 NAME	Robert Railey	
STREET ADDRESS		2.3 STREET ADDRESS	2545 S. Ocean Blvd Apt #	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Beach Fla 33480	
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		

CR2E034 (3/95)

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)(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: Robert Railey Robert Railey 6-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180448 FP