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FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000009384 (5)

1. Corporation Name

LEXINGTON HOMES, INC.

Principal Place of Business

7033 SR 52
BAYONET POINT 34 34667
US

Mailing Address

7033 SR 52
BAYONET POINT 34 34667
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1995

4. FEI Number

59-3293525

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 11026 LAKEVIEW DR.

26 P.O. BOX 670

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NEW PORT RICHEY FL

28 PORT RICHEY, FL

Zip

Country

Zip

Country

24 34654

25 USA

29 34673

30 USA

9. Name and Address of Current Registered Agent

FIEBE, CRAIG
7033 SR 52
BAYONET FL 34667

10. Name and Address of New Registered Agent

81 Name

FIEBE, CRAIG

82 Street Address (P.O. Box Number is Not Acceptable)

11046 LAKEVIEW DR.

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34654

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.

CRAIG FIEBE VICE PRESIDENT

1/7/98

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME FIEBE, CRAIG J
STREET ADDRESS 11046 LAKEVIEW DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE P ☐ DELETE

NAME GALLAGHER, CRAIG S
STREET ADDRESS 6937 SOUTHWIND DRIVE
CITY-ST-ZIP HUDSON FL

TITLE V ☒ DELETE

NAME BEELER, LARRY L
STREET ADDRESS 4682 EBBTIDE LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

NEW PORT RICHEY, FL 34654

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5026 WESTSHORE DR.
NEW PORT RICHEY, FL 34652

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 CRAIG GALLAGHER, President

1/7/98

813-869-16699

CR2E034 (10/97)