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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000025706 (9)

1. Corporation Name ORION HOMES, INC.

Principal Place of Business Mailing Address 6980 GREYSTONE LANE 6980 GREYSTONE LANE FT MYERS FL 33912 FT MYERS FL 33912 3. Date Incorporated or Qualified 03/31/1995 3a. Date of Last Fleport 2a. Mailing Address Applied For 2. Principal Place of Business 65-05 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 2₁p Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B. BUGGS NETTA, SCOTT V 6980 GREYSTONE LANE FT MYERS FL 33912 83 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 £07.0505, Florida Statutes. 26 96 MARION BRICGS/PRESIDENT rinted name of registered agent and the OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change TITLE 1. 1 TITLE MARIONBRIGGE NETTA, SCOTT V NAME 1.2 NAMF 2128 SN 40th TERROR 6980 GREYSTONE LANE STREET ADDRESS 1.3 STREET ADDRESS CAPELORAL, FUA 33914 FT MYERS FL 33912 1.4 C-TY-ST-Z-P CITY-ST-ZIF DELETE Change Addition 2 1 TITLE TITLE 2.2 NAME NAME 6980 STREET ADDRESS , FLA. 33912 24 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE NAME 33 STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP 3.4 C(1)Y - S1 - Z(P) Criange Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS C(1Y - S1 - Z(P 4.4 CITY - ST - 7IP DELETE 5 1 TITLE Change [] Addition TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREE1 ADDRESS 5.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not guilfy for the exemption stated in Section 119.07(3)(k), 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address. CITY-ST-ZIP

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6 4 CITY - \$1 - ZIP

CITY-ST-ZIE

STREET ADDRESS

TITLE

NAME

DELETE

MAPION BRICAS (PLES

Change

Addition

(12/95)