CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12 1998 8:00am
Secretary of State

DOCUMENT # P95000080945 (5)

1. Corporation Name
HOUSING & URBAN DESIGN, INC.

Principal Place of Business	Mailing Address
1853 VICTORIA AVENUE FORT MYERS FL 33901	1853 VICTORIA AVENUE FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1995

2. Principal Place of Business	2a. Mailing Address
21 4212 N. Access Rd #A	26 4212 N. Access Rd #A
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ENGLEWOOD FL	28 City & State: ENGLEWOOD FL
24 Zip: 34224 25 Country: USA	29 Zip: 34224 30 Country: USA

4. FEI Number: 65-0615662 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARSONS, WADE H 1853 VICTORIA AVENUE FORT MYERS FL 33901	81 Name: CLAIRE WALKER 82 Street Address (P.O. Box Number is Not Acceptable): 4212 N. Access Rd #A 83 c/o HOUSING + URBAN DESIGN INC 84 City: Englewood, FL FL 85 Zip Code: 34224

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: Claire Walker 3-3-98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALKER, CLAIRE 1853 VICTORIA AVENUE FORT MYERS FL 33901	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHNSON, AL 1853 VICTORIA AVENUE FORT MYERS FL 33901	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800002456368 -03/13/98--01011--032 ***150.00	☐ Change ☐ Addition PE 3.12

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: Claire Walker 3-3-98 (941) 474-7741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CLAIRE WALKER

0420626