FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000087339 (4)**

1. Corporation Name

CENTENNIAL HOMES, INC.

Principal Place of Business	Mailing Address
8242 SOUTH US 1 PORT ST. LUCIE FL 34952	8242 SOUTH US 1 PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified: 11/14/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8243 South US 1	26 8243 South US 1
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Port St. Lucie FL 34952	City & State: 28 Port St Lucie FL 34952
Zip: 24 34952 Country: 25 St. Lucie	Zip: 29 34952 Country: 30 St Lucie

4. FEI Number: 65-0629972 ☐ 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	10. Name and Address of New Registered Agent
GREENWALT, A E 8243 SOUTH US 1 PORT ST. LUCIE FL 34952	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 200001737802 -03/08/96--01111--022 ***200.00 84 City: FL 85 Zip Code

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: Alvin E. Greenwalt — ALVIN E. GREENWALT — 21 FEB 96
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEASLEY, M W JR		1.2 NAME	
STREET ADDRESS	1030U.S. 1 #406		1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL 33408		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GREENWALT, A E		2.2 NAME	
STREET ADDRESS	8243 SOUTH US 1		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, RAYMOND		3.2 NAME	
STREET ADDRESS	8243 SOUTH US 1		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, RAYMOND		4.2 NAME	
STREET ADDRESS	8243 SOUTH US 1		4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 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: Raymond Morris — RAYMOND MORRIS — 21 FEB 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #