

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000090163 (3)**

1. Corporation Name  
**MAPLE LEAF HOMES, INC.**



Principal Place of Business: **1551 E. SPRING RIDGE CIRCLE WINTER GARDENS FL 34787**  
Mailing Address: **1551 E. SPRING RIDGE CIRCLE WINTER GARDENS FL 34787**

3. Date Incorporated or Qualified: **11/22/1995**  
3a. Date of Last Report: [Blank]  
4. FEI Number: **59-3345497**  
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

2. Principal Place of Business: 21 [Blank], 22 [Blank], 23 [Blank], 24 [Blank]  
2a. Mailing Address: 26 [Blank], 27 [Blank], 28 [Blank], 29 [Blank], 30 [Blank]

9. Name and Address of Current Registered Agent  
**SNYDER, SCOTT A  
1551 E. SPRING RIDGE CIRCLE  
WINTER GARDENS FL 34787**

10. Name and Address of New Registered Agent  
B1 Name: [Blank]  
B2 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
B3 [Blank]  
B4 City: [Blank] FL B5 Zip Code: [Blank]

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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | President               | <input type="checkbox"/> DELETE |
| NAME           | Scott A Snyder          |                                 |
| STREET ADDRESS | 1551 E Spring Ridge Cir |                                 |
| CITY-ST-ZIP    | Winter Garden, FL 34787 |                                 |
| TITLE          | Secretary / Treasurer   | <input type="checkbox"/> DELETE |
| NAME           | Juli Campbell           |                                 |
| STREET ADDRESS | 1551 E Spring Ridge Cir |                                 |
| CITY-ST-ZIP    | Winter Garden, FL 34787 |                                 |
| TITLE          | [Blank]                 | <input type="checkbox"/> DELETE |
| NAME           | [Blank]                 |                                 |
| STREET ADDRESS | [Blank]                 |                                 |
| CITY-ST-ZIP    | [Blank]                 |                                 |
| TITLE          | [Blank]                 | <input type="checkbox"/> DELETE |
| NAME           | [Blank]                 |                                 |
| STREET ADDRESS | [Blank]                 |                                 |
| CITY-ST-ZIP    | [Blank]                 |                                 |
| TITLE          | [Blank]                 | <input type="checkbox"/> DELETE |
| NAME           | [Blank]                 |                                 |
| STREET ADDRESS | [Blank]                 |                                 |
| CITY-ST-ZIP    | [Blank]                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY-ST-ZIP     |   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY-ST-ZIP     |   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY-ST-ZIP    |   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. CITY-ST-ZIP    |   |

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\*\*\*200.00

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 supplement 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] President, SCOTT A. SNYDER 434-96 (407) 656 4519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)