FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095645 (4)

DAVE MOODY HOMES, INC.

FILED Feb 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3993 S.F. 135TH LANE 13610 S.E. 47TH TERR. SUMMERFIELD FL 34491 SUMMERFIELD FL 34491 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 3949 S.E 135Th LANE 59-3348431 26 3949 S.E Not Applicable Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing SUMMER SUMMERFIELD, 28 Trust Fund Contribution Added to Fees 344 91 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GIBSON, EDWARD C 3993 S.E. 135TH LANE SUMMERFIELD FL 34491 83 Zip Code UMMERFIELT rursuarii 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 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.

NATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent stockhold agent agent and title if applicable. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE **C**hange 1.1 TITE TITLE MOODY, DAVE A 1.2 NAME NAME 135 12 ドサリビ 13610 S.E. 47TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS 34401 SUMMERFIELD FL 34491 50 mm CITY-ST-ZIP 1.4 CITY - ST - ZIP ★ Addition DELETE TITLE 2.1 TITLE VATT GIBSON, EDWARD C NAME 2.2 NAME らんにとかみ 3993 S.E. 135TH LANE 2.3 STREET ADDRESS STREET ADDRESS WELLIGID SUMMERFIELD FL 34491 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY -ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TIT1 F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information

1. I hereby certify that the information supplied with this filling 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:

ZUNATURE TROUBLED DAVE MESDY 1-28-99

3R2E034 (10/97)