FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Aug 26 1997 8:00 am
Secretary of State

DOCUMENT # P96000062271

1. Corporation Name

T & R CUSTOM HOMES & REMODELING, INC.

Principal Place of Business	Mailing Address
1600 Twigg Street	P O Box 1096
Palatka FL 32177	Palatka FL 32178-1096

Amended

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 1600 Twigg Street	26 P O Box 1096
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palatka FL	City & State 28 Palatka FL
Zip 24 32177 / Country 25 Putnam	Zip 29 32178-1096 / Country 30 Putnam

4. FEI Number 59-3394652 ☐ 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

RICHARD W. OLNEY
117 MACON ROAD
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name: THOMAS J. STRATMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1600 Twigg ST.
83: ~~P O BOX 1096~~
84 City: PALATKA FL 85 Zip Code: 32178

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: Thomas J. Stratman — THOMAS J. STRATMAN, PRESIDENT/TREASURER — 08/08/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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	Vice-President RICHARD W. OLNEY 117 MACON ROAD PALATKA FL 32177	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT/TREASURER THOMAS JOSEPH STRATMAN 1600 TWIGG ST. PALATKA, FL 32177	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CHRISTAL M. CHESSER 117 MACON ROAD PALATKA FL 32177	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE-PRESIDENT/SECRETARY LINDA STRATMAN 1600 TWIGG ST. PALATKA FL 32177	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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14. I do 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: Thomas J. Stratman — THOMAS J. STRATMAN — 08/08/97 — (904) 329-3788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #