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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083999 (8)

H & R HOMES AND CONSTRUCTION, INC.

Principal Place of Business Mailing Address 3860 NE 40TH PLACE 3860 NE 40TH PLACE OCALA FL 34478 OCALA FL 34479-2201 3. Date Incorporated or Qualified 3a. Date of Last Report 10/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For JIII N. MAGNOLIA ALE 26 IIII N. MAGNOLIA AUE Suite, Apt. #, etc. 403311 21 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name HOUGH, CHARLES R 3860 NE 40TH PLACE Street Address (P.O. Box Number is Not Acceptable) 82 UNIT N MALNOLIA 83 OCALA FL 34479 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE Change Addition TITLE 1111111 HOUGH, CHARLES R NAME 1.2 NAME 10258 GARDNER WAY STREET ADDRESS 1.3 STREET ADDRESS **DUNNELLON FL** CITY-ST-ZIP 1.4 CITY - S1 - 7IP DELETE Change TITLE 2.1 TITLE Addition RONFELDT, NEIL NAME 2.2 NAME 1827 NE 17TH STREET STREET ADDRESS 2.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 2. 4 C(1) - ST- Z(P DELETE Change Addition TITLE 3.1 T(1LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY - S1 - ZIP DELETÉ Change Addition TITLE 4.1 TILLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELF16 Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 is shanged, or on an attachment with an address.

CITY-ST-ZIP

4-20-97

FILED

May 01 1997 8:00am

Secretary of State