2000 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2000 8:00 am Secretary of State DOCUMENT # P97000018224 GARNER CUSTOM HOMES, INC. 04-10-2000 90038 023 ***150.00 Principal Place of Business Mailing Address 9760 FAIRWAY CIRCLE 9760 FAIRWAY CIRCLE LEESBURG FL 34788-3621 LEESBURG FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3442985 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARNER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 9760 FAIRWAY CIRCLE LEESBURG FL Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITI 6 TITLE GARNER, JAMES R NAME NAME **POST OFFICE BOX 490873** STREET ADDRESS STREET ADDRESS LEESBURG F; 34788 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE GARNER, JOHN R NAME NAME 3665 BRANCH AVENUE STREET ADDRESS STREET ADDRESS **MOUNT DORA FL 32757** CITY-ST-7IP CITY-ST-ZIP ST Change Addition ☐ Delete TITLE GARNER, SUZANNE NAME NAME POST OFFICE BOX 490873 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34788 CITY-ST-ZIP ■ Addition Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

arner JAMES R. GARNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

352 267 6747

Daytime Phone #