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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700095687

WINNSTEAD HOMES, INC.

Principal Place of Business

Mailing Address

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90237 045 ***150.00



7001 PAYLIFADOWS WAY: #27 7901 BAYMEADOWS WAY. #27 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/07/1997 Applied For 2a. Mailing Address & CORSE W LAW 4. FEI Number 2. Principal Place of Business NOT APPLICABLE Not Applicable 9471 BAYMEADOS RD ININNSTEAD HOMES \$8.75 Additional 10113WHIPTOORWILL 150 4. Certificate of Status Desired Suite, Apt. #, etc Fee Required # 407 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible Yes □No 32256 USA Personal Property Tax. USA 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name STEFFEY, FRED H Street Address (P.O. Box Number is Not Acceptable) 82 6620 SOUTHPOINT DR. SOUTH #300 JACKSONVILLE FL 32216-0913 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITI F 9471 BAYMEDO LAW, GEORGE W 1.2 NAME NAME 435TREET ADDRESS 7901 BAYMEADOWS WAY, #27 STREET ADDRESS RD# 407 JACKSONVILLE FL 32256 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE [] Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ... DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

W 1/22/99 904-642.111

CR2E034 (11/98)