SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 10:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S03982** (3)

1. Corporation Name
MOR-RAY HOMES, INC.

Principal Place of Business	Mailing Address
~~7819 N.DALE MABRY HWY~~ ~~STE 112~~ ~~TAMPA FL 33614~~	~~7819 N.DALE MABRY HWY~~ ~~STE 112~~ ~~TAMPA FL 33614~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/04/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 914 CLEARCREEK Drive
Suite, Apt. #, etc. 22:
City & State 23: TAMPA, FL
Zip 24: 33613 Country 25: Hillsborough

2a. Mailing Address
26: 914 C/CLEARCREEK DRIVE
Suite, Apt. #, etc. 27:
City & State 28: TAMPA, FL
Zip 29: 33613 Country 30: Hillsborough

4. FEI Number: 59-3034039 ☐ 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

RAYBON, DAVID E.
~~8901 BRYN MAR WAY~~
ODESSA FL 33556

Pursuant before new address

10. Name and Address of New Registered Agent

81 Name: RAYBON, DAVID E.
82 Street Address (P.O. Box Number is Not Acceptable): 17811 WILLOWLAKE DRIVE
83:
84 City: ODESSA FL 85 Zip Code: 33556

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: DAVID E. RAYBON DAVID E. RAYBON 7/30/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating! — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	RAYBON, DAVID E.	12 NAME	
STREET ADDRESS	~~8901 BRYN MAR WAY~~	13 STREET ADDRESS	17811 WILLOWLAKE DRIVE
CITY-ST-ZIP	~~ODESSA FL~~	14 CITY-ST-ZIP	ODESSA, FL 33556
TITLE	ST	21 TITLE	☑ Change ☐ Addition
NAME	RAYBON, DAVID E.	22 NAME	
STREET ADDRESS	~~8901 BRYN MAR WAY~~	23 STREET ADDRESS	17811 WILLOWLAKE DRIVE
CITY-ST-ZIP	~~ODESSA FL~~	24 CITY-ST-ZIP	ODESSA, FL 33556
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: * DAVID E. RAYBON July 21, 1995 *(813) 968-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000610 CP

CR2E034 (3/95)