

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 10 1996

DOCUMENT # **S10548** (3)

1. Corporation Name

AVALON QUALITY HOMES, INC.

Principal Place of Business

**207 MOSS RD. NO.
S-201
WINTER SPRINGS FL 32708-2591**

Mailing Address

**207 MOSS RD. NO.
S-201
WINTER SPRINGS FL 32708-2591**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1990

3a. Date of Last Report

10/10/1994

4. FEI Number

59-3066179

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 USCF,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

125 Excelsior Pkwy

Suite 205

Winter Springs, FL

32708

USA

9. Name and Address of Current Registered Agent

**MUNIZZI, E. LEE
207 MOSS RD. NO.
S-201
WINTER SPRINGS FL 32703**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MUNIZZI, E. LEE
STREET ADDRESS	207 MOSS RD. NO., S-201
CITY, ST, ZIP	WINTER SPRINGS FL
TITLE	T
NAME	MUNIZZI, E. LEE
STREET ADDRESS	207 MOSS RD N S201
CITY, ST, ZIP	WINTER SPRINGS FL
TITLE	VP
NAME	MUNIZZI, AMY K.
STREET ADDRESS	207 MOSS RD. N. #201
CITY, ST, ZIP	WINTER SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	☐ Change ☐ Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	☐ Change ☐ Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	☐ Change ☐ Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	☐ Change ☐ Addition
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	☐ Change ☐ Addition
34 TITLE	
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 transfer agent or authorized 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN OF BOARD OF DIRECTORS

5/25/95

407-327-2200
(Winter Springs, FL)