2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am Secretary of State S12419 **DOCUMENT#** 04-28-2003 90494 043 ***150.00 1. Entity Name CLASSIC AMERICAN HOMES, INC. Principal Place of Business Mailing Address 9309-1 OLD KINGS ROAD 9309-1 OLD KINGS ROAD JACKSONVILLE FL 32257 BLDG #1 JACKSONVILLE FL 32257 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. -- ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3041381 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Г٦ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDMONDS: STEPHENLL 9309-1 OLD KINGS ROAD JACKSONVILLE FL 32257 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. I am familiar with, and accept the obligations of pistered agent G. Axtell SIGNATURE ent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9.-Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change □ Addition NAME EDMONDS, STEPHEN L. NAME 9309-1 OLD KINGS ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32-2257 CITY-ST-ZIP CITY-ST-ZIP TITLE VP ☐ Delete TITLE ☐ Channe Addition NAME EDMONDS, JAMES I NAME STREET ADDRESS 9309-1 OLD KINGS ROAD 5 · STREET ADDRESS CITY-ST-ZIF JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PAUL G. AXTELL NAME NAME 9309 OLD KINGS ROAD S. STREET ADORESS STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP SECTREAS TITLE Delete TITLE ☐ Change ☐ Addition DAVID M. KING 9309 OLD KINGS ROPES TACKSONVILLE, FL 32257 NAME NAME STREET ADDRESS #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered changed, or on an attachmet

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SIGNATURE:

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