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 11:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S15843** **(3)**

1. Corporation Name
EXCALIBUR HOMES, INC.

Principal Place of Business	Mailing Address
13439 SW 3RD CT OCALA FL 34473 US	13439 SW 3RD CT OCALA FL 34473 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1990
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business
21 3307 S.E. 18 CT
22 Suite, Apt. #, etc.
23 City & State: OCALA, FLA
24 Zip: 34471 25 County: U.S.A.

2a. Mailing Address
26 3307 S.E. 18 CT.
27 Suite, Apt. #, etc.
28 City & State: OCALA, FLA.
29 Zip: 34471 30 County: U.S.A.

4. FEI Number: 65-0234542 ☐ 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 files (only) intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHREIBER, ADRAIN
13439 SW 3RD CT
OCALA FL 34473

10. Name and Address of New Registered Agent

81 Name: SCHREIBER, ADRIAN
82 Street Address (P.O. Box Number is Not Acceptable): 3307 SE 18 CT
83
84 City: OCALA FL 85 Zip Code: 34471

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: Adrian Schreiber 8/3/95
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	P	11 TITLE	P	☑ Change ☐ Addition
NAME	SCHREIBER, ADRIAN W	12 NAME	SCHREIBER, ADRIAN W	
STREET ADDRESS	13439 SW 3RD CT	13 STREET ADDRESS	3307 SE 18 CT	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	OCALA, FLA 34471	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	SCHREIBER, MARGARET	22 NAME		
STREET ADDRESS	1800 CHANDELLE CT	23 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	SCHREIBER, HENRY	32 NAME		
STREET ADDRESS	1800 CHANDELLE CT	33 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	SCHREIBER, LESLIE	42 NAME		
STREET ADDRESS	9511 COLLINS AVE	43 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	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		

CR2E034 (3/95)

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: Adrian Schreiber 8/3/95 (904) 690-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D1000535 FP