FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S31762** **(5)**

1. Corporation Name
CAMBRIDGE HOMES, INC.

Principal Place of Business	Mailing Address
~~2300 SUN BANK CENTER, 200 S. ORANGE AVE.~~ ~~P.O. BOX 112~~ ~~ORLANDO FL 32802~~	2300 SUN BANK CENTER, 200 S. ORANGE AVE. P.O. BOX 112 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1991
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 861 Douglas Ave.
22 Suite, Apt. #, etc.
23 City & State: Altamonte Springs, FL
24 Zip: 32714 25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

4. FEI Number: 59-3049697 ☐ 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

A.G.C., CO.
2300 SUN BANK CENTER
ORLANDO FL 32802

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 _____ (NOTE: Registered Agent signature required when name(s) altered) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	OROSZ, WILLIAM S JR	12 NAME		
STREET ADDRESS	861 DOUGLAS AVE.	13 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPRINGS FL	14 CITY ST ZIP		
TITLE	ST	21 TITLE	VP/S/T	☒ Change ☐ Addition
NAME	STEAKLEY, JERRY	22 NAME		
STREET ADDRESS	861 DOUGLAS AVE.	23 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPRINGS FL	24 CITY ST ZIP		
TITLE		31 TITLE	VP	☐ Change ☒ Addition
NAME		32 NAME	Dell, Arlin L.	
STREET ADDRESS		33 STREET ADDRESS	861 Douglas Ave.	
CITY ST ZIP		34 CITY ST ZIP	Altamonte Springs, FL 32714	
TITLE		41 TITLE	VP	☐ Change ☒ Addition
NAME		42 NAME	Wood, Stephen P.	
STREET ADDRESS		43 STREET ADDRESS	861 Douglas Ave.	
CITY ST ZIP		44 CITY ST ZIP	Altamonte Springs, FL 32714	
TITLE		51 TITLE	VP	☐ Change ☒ Addition
NAME		52 NAME	RICHARD REISING	
STREET ADDRESS		53 STREET ADDRESS	861 DOUGLAS AVE.	
CITY ST ZIP		54 CITY ST ZIP	ALTAMONTE SPRINGS, FL 32714	
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: W. S. Orosz, Jr. 04-05-95 (407) 865-9600

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

W. S. OROSZ, JR.

0083000 CP