5-14-97 B-7237 C

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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
CAMBRIDGE HOMES, INC.

Principal Place of Business	Mailing Address
~~861 DOUGLAS AVE.~~ ~~ALTAMONTE SPRINGS FL 32714~~ ~~US~~	~~861 DOUGLAS AVE.~~ ~~ALTAMONTE SPRINGS FL 32714-3085~~ ~~US~~

3. Date Incorporated or Qualified: 02/14/1991
3a. Date of Last Report: 04/06/1996

2. Principal Place of Business
21: 242 N. Westmonte Dr.
22: Suite, Apt. #, etc.
23: City & State: Altamonte Springs, FL
24: Zip: 32714 25: Country

2a. Mailing Address
26: 200 S. Orange Ave.
27: Suite, Apt. #, etc.: Suite 2300
28: City & State: Orlando, FL
29: Zip: 32801-3432 30: Country

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.
~~861 DOUGLAS AVE.~~
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Orange Ave.
83: Suite 2300
84 City: Orlando FL 85 Zip Code: 32801-3432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	OROSZ, WILLIAM S JR		1.2 NAME	
STREET ADDRESS	861 DOUGLAS AVE.		1.3 STREET ADDRESS	242 N. Westmonte Dr.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	VPST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	STEAKLEY, JERRY		2.2 NAME	
STREET ADDRESS	861 DOUGLAS AVE.		2.3 STREET ADDRESS	242 N. Westmonte Dr.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	VP	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DELL, ARLIN L		3.2 NAME	
STREET ADDRESS	861 DOUGLAS AVE.		3.3 STREET ADDRESS	242 N. Westmonte Dr.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	VP	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	WOOD, STEPHEN P		4.2 NAME	
STREET ADDRESS	861 DOUGLAS AVE.		4.3 STREET ADDRESS	242 N. Westmonte Dr.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	VP	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	REISING, RICHARD		5.2 NAME	
STREET ADDRESS	861 DOUGLAS AVE.		5.3 STREET ADDRESS	242 N. Westmonte Dr.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	V	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	BENNETT, DANA A		6.2 NAME	
STREET ADDRESS	861 DOUGLAS AVE.		6.3 STREET ADDRESS	242 N. Westmonte Dr.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		6.4 CITY-ST-ZIP	Altamonte Springs, FL 32714

CR2E034 (9/96)

14. I do 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 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: [illegible] 4/21/97 407-865-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #