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 MAR -6 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S54623 (1)

1. Corporation Name
SOUTHERN HOMES & PROPERTIES, INC.

Principal Place of Business	Mailing Address
806 VERONA STREET #1 KISSIMMEE FL 34741 US	806 VERONA STREET #1 KISSIMMEE FL 34741 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/22/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 59-3067562 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCMICHEN LORRAINE
808 PKWY. PLAZA BLVD.
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Lisa Davis
82 Street Address (P.O. Box Number is Not Acceptable): 806 Verona St.
83: SUITE #
84 City: Kissimmee FL 85 Zip Code: 34741

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: Lisa Davis 2/24/95
(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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCMICHEN, LORRAINE	1.2 NAME	
STREET ADDRESS	135 CAMPECHE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	DAVIS, MICHAEL W.	2.2 NAME	Michael W. Davis
STREET ADDRESS	609 E JACKSON ST.	2.3 STREET ADDRESS	3161 Appaloosa Ct.
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Kissimmee, FL 34746
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	DAVIS, LISA G.	3.2 NAME	Lisa Davis
STREET ADDRESS	609 E JACKSON ST.	3.3 STREET ADDRESS	3161 Appaloosa Ct.
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Kissimmee, FL 34746
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Lisa Davis Lisa Davis 2/24/95 (407) 847-4566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0374683 CP