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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:26

DOCUMENT # **V70527** **(9)**

1. Corporation Name

MAYFIELD HOMES, INC.

Principal Place of Business	Mailing Address
4616 MATTIE CT. ORLANDO FL 32817 US	PO BOX 2515 GOLDENROD FL 32733 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3147958	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
7. This corporation has been selected for review pursuant to 1995 Florida Statutes: ☐ Yes ☑ No	

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. # etc. (22) / Suite, Apt. # etc. (27)
City & State (23) / City & State (28)
(24) (25) (29) (30)

9. Name and Address of Current Registered Agent

SIMMERSON, BEVERLY
4616 MATTIE CT.
ORLANDO FL 32817

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 Section 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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of registered agent and title if applicable) (If changing registered agent, registered agent signature required above) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		☐ Change ☐ Addition
NAME	SIMMERSON, BEVERLY		
STREET ADDRESS	4616 MATTIE CT.		
CITY ST ZIP	ORLANDO FL		
TITLE	D		☐ Change ☐ Addition
NAME	SIMMERSON, TROY A.		
STREET ADDRESS	4616 MATTIE CT.		
CITY ST ZIP	ORLANDO FL		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is voluntary, 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 be 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 I am aware any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining authorization to transact business in Florida is a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE: TROY A. SIMMERSON 6/27/95 (407) 6794949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0133110 FP