

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:54

DOCUMENT # P19001

(7)

1. Corporation Name
HOME-CREST CORPORATION

Principal Place of Business
P.O. BOX 595
GOSHEN IN 46526

Mailing Address
P.O. BOX 595
GOSHEN IN 46526

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/26/1988
3a. Date of Last Report 03/29/1994

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

4. FEI Number 35-1160155
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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0602 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

(Signature required for first change of registered agent and first dissolution)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	HAGAN, MICHAEL J
STREET ADDRESS	1702 KENTFIELD WAY
CITY-ST-ZIP	GOSHEN IN
TITLE	D
NAME	SHANK, G.E.
STREET ADDRESS	2903 WOODMERE
CITY-ST-ZIP	GOSHEN IN
TITLE	D
NAME	KEENE, THOMAS A.
STREET ADDRESS	5938 W. 250N N
CITY-ST-ZIP	LAPORTE IN
TITLE	D
NAME	MORRISON, WILLIAM L.
STREET ADDRESS	1125 E. 48TH STREET
CITY-ST-ZIP	CHICAGO IL
TITLE	D
NAME	ARMSTRONG, RICHARD L.
STREET ADDRESS	443 SOUTH WEST BLVD.
CITY-ST-ZIP	ELKHART IN
TITLE	VD
NAME	GOEBEL, JOHN A.
STREET ADDRESS	3015 TWIN PINES POINTE
CITY-ST-ZIP	ELKHART IN

11 TITLE	PD	☐ Change ☒ Addition
12 NAME	Russell S. Warner	
13 STREET ADDRESS	116 East Beardsley	
14 CITY-ST-ZIP	Elkhart, IN-46514	☐ Change ☒ Addition
21 TITLE	SD	
22 NAME	George E. Buckingham	
23 STREET ADDRESS	130 N. Main Street	
24 CITY-ST-ZIP	Goshen, IN-46526	☐ Change ☒ Addition
31 TITLE	D	
32 NAME	James E. Yahne	
33 STREET ADDRESS	2804 Woodmere	
34 CITY-ST-ZIP	Goshen, IN-46526	☐ Change ☒ Addition
41 TITLE	V	
42 NAME	Douglas Conley	
43 STREET ADDRESS	131 E. Dearwood Court	
44 CITY-ST-ZIP	Warsaw, IN-46580	☐ Change ☒ Addition
51 TITLE	V	
52 NAME	Thomas Schmidt	
53 STREET ADDRESS	56114 C. R. 23	
54 CITY-ST-ZIP	Bristol, IN 46507	☐ Change ☐ Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), 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 registered or transfer agent engaged 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: Michael J. Hagan, V.P., Adm.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Hagan
Date 2/20/95

(219) 533-9571