

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 351060 (9)
1. Corporation Name
JIM WALTER HOMES, INC.

Principal Place of Business Mailing Address
**1500 N. DALE MABRY
P O BOX 31601
TAMPA FL 33631-0601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/21/1969** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1274589** 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

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 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**TURBVILLE, JOHN F.
1500 N DALE MABRY
TAMPA FL 33607**

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICHAEL, ROBERT W.
STREET ADDRESS	1500 N. DALE MABRY
CITY - ST - ZIP	TAMPA FL
TITLE	VD
NAME	MATLOCK, K. J.
STREET ADDRESS	1500 N. DALE MABRY
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	RUSSELL, S. L.
STREET ADDRESS	1500 N. DALE MABRY
CITY - ST - ZIP	TAMPA FL
TITLE	VT
NAME	BAKER, W.K.
STREET ADDRESS	1500 N. DALE MABRY
CITY - ST - ZIP	TAMPA FL
TITLE	EV
NAME	BULLARA, SAM P. JR.
STREET ADDRESS	1500 N DALE MABRY
CITY - ST - ZIP	TAMPA FL
TITLE	EV
NAME	HORNSBY, D. WAYNE
STREET ADDRESS	1500 N DALE MABRY
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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.K. Baker **W.K. BAKER, VICE-PRES. & TREAS.** 4/25/95 813-871-4171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR