

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified **08/21/1969** 3a. Date of Last Report **04/28/1995**

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 **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

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

10. Name and Address of New Registered Agent  
81 Name **CT CORPORATION SYSTEM**  
82 Street Address (P.O. Box Number is Not Acceptable) **1200 SO. PINE ISLAND ROAD**  
83  
84 City **PLANTATION** FL 85 Zip Code **33324**

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 *Tanya M. Villar* **TANYA M. VILLAR** SPECIAL ASSISTANT SECRETARY DATE **2-26-96**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME **W. H. WELDON**  
2.3 STREET ADDRESS **1500 NO. DALE MABRY**  
2.4 CITY-ST-ZIP **TAMPA, FL 33607**  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

100001728361  
-02/29/96--01058--033  
\*\*\*200.00

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)(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, TREASURER** DATE **2/12/96** 813-871-4168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)