

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 27 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **1500 N. DALE MABRY P O BOX 31601 TAMPA FL 33631-0601**

Mailing Address: **1500 N. DALE MABRY P O BOX 31601 TAMPA FL 33631-3601**

3. Date Incorporated or Qualified: **08/21/1969**

3a. Date of Last Report: **02/29/1996**

4. FEI Number: **59-1274589**

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 (21-23) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-84):

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MICHAEL, ROBERT W.	
STREET ADDRESS	1500 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WELDON, W H	
STREET ADDRESS	1500 NO. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33807	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RUSSELL, S. L.	
STREET ADDRESS	1500 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, W.K.	
STREET ADDRESS	1500 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	BULLARA, SAM P. JR.	
STREET ADDRESS	1500 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	HORNSBY, D. WAYNE	
STREET ADDRESS	1500 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VP ALMERIC, LEO
23 STREET ADDRESS	1500 N.Dale Mabry HWY.
24 CITY-ST-ZIP	TAMPA, FL 33607
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	VT KELLY, JR. JOSEPH H.
43 STREET ADDRESS	1500 N.Dale Mabry Hwy.
44 CITY-ST-ZIP	TAMPA, FL 33607
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 in the attachments with an address.

SIGNATURE: By **JIM WALTER HOMES, INC.** Asst. Treasurer **2/21/97** (813)871-4273

CR2E034 (9/96)

January 15, 1997

**JIM WALTER HOMES, INC.**  
1500 North Dale Mabry Highway  
Tampa, Florida 33607

**MAILING ADDRESS**

P. O. Box 31601  
Tampa, Florida 33631-3601

(Subsidiary of Homes Holdings Corporation)

Employer Identification Number 59-1274589

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**DIRECTORS:**

Richard E. Almy  
Dean M. Fjelstul  
Kenneth E. Hyatt  
Robert W. Michael

**OFFICERS:**

**TITLE:**

Robert W. Michael	President and Chief Operating Officer
Sam P. Bullara, Jr.	Executive Vice President
D. Wayne Hornsby	Executive Vice President
B. Craig Calhoun	Senior Vice President
Joseph P. Richardson, Jr.	Senior Vice President
Michael Roberts	Senior Vice President
Leo Almerico	Vice President and Controller
Joseph H. Kelly, Jr.	Vice President, Treasurer and Chief Financial Officer
Ronald K. Achille	Vice President
James A. Hayward	Vice President
Jack L. Krueger	Vice President
Donald M. Kurucz	Vice President, Assistant Treasurer and Assistant Secretary
Dorothy M. Leeds	Vice President
S. Louise Russell	Vice President and Secretary

**January 15, 1997**

<b>Richard A. Ward</b>	<b>Vice President</b>
<b>Frank A. Hult</b>	<b>Assistant Secretary</b>
<b>Edward A. Porter</b>	<b>Assistant Secretary</b>
<b>Mary C. Snow</b>	<b>Assistant Secretary</b>
<b>C. Tyrone Witherington</b>	<b>Assistant Secretary</b>
<b>Norma J. Padron</b>	<b>Assistant Controller</b>
<b>Cynthia B. Eisch</b>	<b>Assistant Treasurer</b>
<b>Stephen H. Foxworth</b>	<b>Assistant Treasurer</b>

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**Incorporated in Florida August 21, 1969**

**Resident Agent: C T Corporation System  
1200 So. Pine Island Road  
Plantation, Florida 33324**