


2-12-98 B 1939 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 651265 (1) 1. Corporation Name MORRISON HOMES OF FLORIDA, INC.			
Principal Place of Business 250 PARK AVE SOUTH STE 300 WINTER PK FL 32789 US		Mailing Address 1080 HOLCOMB BRIDGE ROAD BUILDING 200, SUITE 210 ROSWELL GA 30076 US	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 3700 Mansell Road Suite, Apt #, etc. 27 Suite 300 City & State 28 Alpharetta, GA Zip 29 30022 Country 30 USA	
3. Date Incorporated or Qualified 11/07/1979		4. FEI Number 59-1971152	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DCP	CLINE, STEWART	1080 HOLCOMB BRIDGE RD., BLDG. 200, #210 ROSWELL GA
	V	PEEBLES, LARRY W	3550 BUSCHWOOD PARK DR, SUITE 210 TAMPA FL 37
	DVT	VAN STEE, BRUCE J.	1080 HOLCOMB BRIDGE RD., BLDG. 200, #210 ROSWELL GA
	DVS	HAYES, RUSSELL E.	1080 HOLCOMB BRIDGE RD., BLDG. 200, #210 ROSWELL GA
	V	CAMET, EDUARDO	9050 PINE BLVD, STE 280 PEMBROKE PINES FL
	V	PARKER, STEVEN	250 PARK AVE SOUTH SUITE 300 WINTER PARK FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
V	Leslie G. Peters	250 Park Avenue South, Suite 300	Winter Park, FL 32789
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
V	Dennis M. Krett	4005 North Forest Ridge Drive	Beverly Hills, FL 34465
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
DCP	Stewart M. Cline	3700 Mansell Rd., Ste 300	Alpharetta, GA 30022
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
DVT	Bruce J. Van Stee	3700 Mansell Road, Suite 300	Alpharetta, GA 30022
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
DVS	Russell E. Hayes	3700 Mansell Road, Suite 300	Alpharetta, GA 30022
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
14. I 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 an attachment with an address.			
SIGNATURE: _____ 2/2/98 770-998-9044			

CR2E034 (10/97)