

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90043 016 \*\*\*150.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P36059**

1. Corporation Name  
**D. R. HORTON, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1901 ASCENSION BLVD**  
**100**  
**ARLINGTON TX 76006**  
**US**

Mailing Address  
**1901 ASCENSION BLVD**  
**100**  
**ARLINGTON TX 76006**  
**US**

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified  
**10/24/1991**

4. FEI Number  
**75-2386963**

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 owes the current year Intangible Personal Property Tax.  Yes  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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SAGANICH, JOHN M</b>	
STREET ADDRESS	<b>1901 ASCENSION BLVD SUITE 100</b>	
CITY-ST-ZIP	<b>ARLINGTON TX 76006</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SAGANICH, JOHN M</b>	
STREET ADDRESS	<b>1901 ASCENSION BLVD SUITE 100</b>	
CITY-ST-ZIP	<b>ARLINGTON TX</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLER, DAVID J</b>	
STREET ADDRESS	<b>1901 ASCENSION BLVD STE 100</b>	
CITY-ST-ZIP	<b>ARLINGTON TX</b>	
TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>HORTON, DONALD R.</b>	
STREET ADDRESS	<b>1901 ASCENSION BLVD., STE. 100</b>	
CITY-ST-ZIP	<b>ARLINGTON TX 76006</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>WARREN, CHARLES N.</b>	
STREET ADDRESS	<b>1901 ASCENSION BLVD., SUITE 100</b>	
CITY-ST-ZIP	<b>ARLINGTON TX 76006</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STONE, SCOTT</b>	
STREET ADDRESS	<b>1901 ASCENSION BLVD., SUITE 100</b>	
CITY-ST-ZIP	<b>ARLINGTON TX</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>EVD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BECKWITT, RICHARD</b>	
1.3 STREET ADDRESS	<b>1901 ASCENSION BLVD STE 100</b>	
1.4 CITY-ST-ZIP	<b>ARLINGTON TX 76006</b>	
2.1 TITLE	<b>EVD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>TOMNITZ, DONALD T.</b>	
2.3 STREET ADDRESS	<b>1901 ASCENSION BLVD STE 100</b>	
2.4 CITY-ST-ZIP	<b>ARLINGTON TX 76006</b>	
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 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Charles N. Warren* **CHARLES N. WARREN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/11/99** **(817)856-8200**  
Date Daytime Phone #

CR2E034 (1/198)