

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

FILED

**Mar 04 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 # P95000080269 (0)

1. Corporation Name
LANDMARK HOMES, INC.



Principal Place of Business

**6000-A SAWGRASS VILLAGE CIRCLE
SUITE 18
PONTE VEDRA BEACH FL 32082
US**

Mailing Address

**6000-A SAWGRASS VILLAGE CIRCLE
SUITE 18
PONTE VEDRA BEACH FL 32082-5026
US**

3. Date Incorporated or Qualified
10/18/1995

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 **101 Plantation Dr.**
Suite, Apt. #, etc.

22 **Ponte Vedra Beach, FL**
City & State

23 **32082** **St. Johns**
Zip Country

2a. Mailing Address

26 **101 Plantation Dr.**
Suite, Apt. #, etc.

27 **Ponte Vedra Beach, FL**
City & State

28 **32082** **St. Johns**
Zip Country

4. FEI Number
59-3346924

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

**WILLIAMSON, RICHARD
6000-A SAWGRASS VILLAGE CIRCLE
SUITE 18
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81 Name **Pike Hall**
82 Street Address (P.O. Box Number is Not Acceptable)
101 Plantation Dr.
83
84 City **Ponte Vedra Beach** **FL** 85 Zip Code **32082**

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: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE: **2/27/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMSON, RICHARD	
STREET ADDRESS	6523 BURNHAM CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	HALL, PIKE III	
STREET ADDRESS	6523 BURNHAM CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VPST	<input checked="" type="checkbox"/> DELETE
NAME	HALL, PIKE III	
STREET ADDRESS	6523 BURNHAM CIRCLE	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pike Hall
2.3 STREET ADDRESS	101 Plantation Dr.
2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
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 checked="" type="checkbox"/> Addition
4.2 NAME	Gerald Mitchell
4.3 STREET ADDRESS	101 Plantation Dr.
4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
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 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/25/97** (904) 2854480

CR2E034 (9/96)