

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 # 275273 (1)

1. Corporation Name  
SIBLEY HOMES INC



Principal Place of Business  
C/O ARTHUR C. DEMAREE  
PO BOX 5319  
SUN CITY CENTER FL 33571-5319  
US

Mailing Address  
C/O ARTHUR C. DEMAREE  
PO BOX 5319  
SUN CITY CENTER FL 33571-5319  
US

3. Date Incorporated or Qualified 11/01/1963 3a. Date of Last Report 03/07/1995

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1056337 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

SIBLEY, LARRY W.  
1900 ILLINOIS AVE. N.E.  
ST PETERSBURG FL 33703

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
118 Old Oak Circle  
83  
84 City Palm Harbor FL 85 Zip Code 5860 34683-

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, typed or printed name of registered agent and third party, if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                |
|----------------------------|-------------------------|---|--------------------------------|
| TITLE                      | PSD                     | 1.1 TITLE   | [X] Change [ ] Addition        |
| NAME                       | SIBLEY, LARRY W.        | 1.2 NAME  |                                |
| STREET ADDRESS             | 1900 ILLINOIS AVE. N.E. | 1.3 STREET ADDRESS                                    | P.O. Box 5319                  |
| CITY-ST-ZIP                | ST, PETERSBURG, FL      | 1.4 CITY-ST-ZIP                                       | Sun City Center, FL 33571-5319 |
| TITLE                      | [ ] DELETE              | 2.1 TITLE   | [ ] Change [ ] Addition        |
| NAME                       |                         | 2.2 NAME  |                                |
| STREET ADDRESS             |                         | 2.3 STREET ADDRESS                                    |                                |
| CITY-ST-ZIP                |                         | 2.4 CITY-ST-ZIP                                       |                                |
| TITLE                      | [ ] DELETE              | 3.1 TITLE   | [ ] Change [ ] Addition        |
| NAME                       |                         | 3.2 NAME  |                                |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |                                |
| CITY-ST-ZIP                |                         | 3.4 CITY-ST-ZIP                                       |                                |
| TITLE                      | [ ] DELETE              | 4.1 TITLE   | [ ] Change [ ] Addition        |
| NAME                       |                         | 4.2 NAME  |                                |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |                                |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |                                |
| TITLE                      | [ ] DELETE              | 5.1 TITLE   | [ ] Change [ ] Addition        |
| NAME                       |                         | 5.2 NAME  |                                |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                                |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |                                |
| TITLE                      | [ ] DELETE              | 6.1 TITLE   | [ ] Change [ ] Addition        |
| NAME                       |                         | 6.2 NAME  |                                |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                                |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |                                |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Larry W. Sibley*  
Larry W. Sibley

2-15-96

(813) 633-4925

Date Daytime Phone #

CR2E034 (12/95)