

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

FILED

Apr 14 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 # 350202 (8)

1. Corporation Name:  
MORGANBILT HOMES, INC.



Principal Place of Business  
6128 SPRING LAKE HWY.  
BROOKSVILLE FL 34601

Mailing Address  
6128 SPRING LAKE HWY.  
BROOKSVILLE FL 34601-7902

3. Date Incorporated or Qualified 07/31/1969  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 11395 Libby Rd		26 11395 Libby Rd		59-3110861		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 Spring Hill FL		27 Spring Hill FL		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23 Zip 34609		28 Zip 34609		Country U.S.A		Country U.S.A	
24 Country U.S.A		29 Country U.S.A		30 Country U.S.A		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMAS, GHALE C SR 6128 SPRING LAKE HWY. BROOKSVILLE FL 34601				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 11395 Libby Rd			
				84 City Spring Hill FL 85 Zip Code 34609			

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: Elinor J. Thomas (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME THOMAS, GHALE C SR				1.2 NAME			
STREET ADDRESS 6128 SPRING LAKE HWY				1.3 STREET ADDRESS 11395 Libby Rd			
CITY-ST-ZIP BROOKSVILLE FL				1.4 CITY-ST-ZIP Spring Hill FL 34609			
TITLE D				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME THOMAS, GHALE C JR				2.2 NAME			
STREET ADDRESS 6128 SPRING LAKE HWY				2.3 STREET ADDRESS 11395 Libby Rd			
CITY-ST-ZIP BROOKSVILLE FL				2.4 CITY-ST-ZIP Spring Hill FL 34609			
TITLE D				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME THOMAS, ROBERT W				3.2 NAME			
STREET ADDRESS 6128 SPRING LAKE HWY				3.3 STREET ADDRESS 11395 Libby Rd			
CITY-ST-ZIP BROOKSVILLE FL				3.4 CITY-ST-ZIP Spring Hill FL 34609			
TITLE STD				4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME THOMAS, ELINOR F.				4.2 NAME			
STREET ADDRESS 6128 SPRING LAKE HWY				4.3 STREET ADDRESS 11395 Libby Rd			
CITY-ST-ZIP BROOKSVILLE FL				4.4 CITY-ST-ZIP Spring Hill FL 34609			
TITLE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Elinor J. Thomas 4-8-97 352-688-4466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)