

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 406591 (8)

1. Corporation Name

ROSEMONT HOUSING, INC.



Principal Place of Business

ROSEMONT MOBILE PARK LOT 28
NICEVILLE FL 32578

Mailing Address

ROSEMONT MOBILE PARK LOT 28
NICEVILLE FL 32578

3. Date Incorporated or Qualified 08/10/1972	3a. Date of Last Report 03/15/1995
4. FEI Number 59-1439752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

FLOYD, MICHAEL R., PRESIDENT
114 REDWOOD AVENUE OFFICE
NICEVILLE FL 32578

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	P FLOYD, MICHAEL R. 114 REDWOOD AVE, LOT 28 NICEVILLE FL	1. TITLE	1. NAME
	ST MOORE, EUGENE RT. 1, BOX 189A CRESTVIEW FL	2. TITLE	2. NAME
		3. TITLE	3. NAME
		4. TITLE	4. NAME
		5. TITLE	5. NAME
		6. TITLE	6. NAME
		7. TITLE	7. NAME
		8. TITLE	8. NAME
		9. TITLE	9. NAME
		10. TITLE	10. NAME
		11. TITLE	11. NAME
		12. TITLE	12. NAME
		13. TITLE	13. NAME
		14. TITLE	14. NAME
		15. TITLE	15. NAME
		16. TITLE	16. NAME
		17. TITLE	17. NAME
		18. TITLE	18. NAME
		19. TITLE	19. NAME
		20. TITLE	20. NAME

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

1-1-96

Date

904-678-4202

Daytime Phone #

CR2E034 (12/95)