

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 6:49

DOCUMENT # **516032** (0)

1. Corporation Name
MCCARTHY HOMES, INC.

Principal Place of Business Mailing Address
770 W. GRANADA BLVD SUITE 202 ORMOND BEACH FL 32174
POST OFFICE BOX 37 SUITE-302 ORMOND BEACH FL 32175 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1976** 3a. Date of Last Report **06/28/1994**

4. FEI Number **59-1693334** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 **P.O. Box 37**
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MCCARTHY, DOUGLAS P.
550 SCOTT DR
ORMOND BEACH FL 32174**

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]* DATE **3/25/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, DOUGLAS P.	1.2 NAME	
STREET ADDRESS	550 SCOTT DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	ORMOND BEACH FL	1.4 CITY, ST, ZIP	32174
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, MARIA	2.2 NAME	
STREET ADDRESS	550 SCOTT DRIVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	ORMOND BEACH FL	2.4 CITY, ST, ZIP	32174
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONER, JOHN R	3.2 NAME	
STREET ADDRESS	45 CAPISTRANO DR	3.3 STREET ADDRESS	
CITY, ST, ZIP	ORMOND BCH FL	3.4 CITY, ST, ZIP	32176
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110 (2)(b), 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 of changes, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/25/95** (904) 676-9495