

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 # 516032 (0)
1. Corporation Name
MCCARTHY HOMES, INC.



Principal Place of Business: 770 W. GRANADA BLVD SUITE 202 ORMOND BEACH FL 32174
Mailing Address: PO BOX 37 ORMOND BEACH FL 32175 US

3. Date Incorporated or Qualified: 10/07/1976
3a. Date of Last Report: 03/29/1995
4. FEI Number: 59-1693334
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: 21. 550 SCOTT DR. 22. ORMOND Bch 23. FL 24. 32174 25. U.S.
2a. Mailing Address: 26. 27. 28. 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 85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDT NAME: MCCARTHY, DOUGLAS P. STREET ADDRESS: 550 SCOTT DRIVE CITY-ST-ZIP: ORMOND BEACH FL	<input type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSD NAME: MCCARTHY, MARIA STREET ADDRESS: 550 SCOTT DRIVE CITY-ST-ZIP: ORMOND BEACH FL	<input type="checkbox"/> DELETE	2. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201-1 ORANGE GROVE DR. ORMOND Bch, FL. 32174
TITLE: V NAME: STONER, JOHN R STREET ADDRESS: 45 CAPISTRANO DR CITY-ST-ZIP: ORMOND BCH FL	<input type="checkbox"/> DELETE	3. TITLE 32. NAME 3. STREET ADDRESS 34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		4. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Douglas P. McCarthy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/26/96 (904) 676-9495

CR2E034 (12/95)