

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

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moftam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 516032 (0)**

1. Corporation Name  
**MCCARTHY HOMES, INC.**



Principal Place of Business <b>550 SCOTT DR                  ORMOND BEACH FL 32174                  US</b>	Mailing Address <b>PO BOX 37                  ORMOND BEACH FL 32175-0037                  US</b>
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3. Date Incorporated or Qualified <b>10/07/1976</b>	3a. Date of Last Report <b>02/13/1996</b>
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2. Principal Place of Business 21 <b>45 CAPISTRANO DR</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>45 CAPISTRANO DR</b> Suite, Apt. #, etc. 27
City & State 23 <b>Ormond Bch FL</b> Zip Country 24 <b>32176</b> 25 <b>US</b>	City & State 28 <b>Ormond Bch, FL</b> Zip Country 29 <b>32176</b> 30 <b>US</b>

4. FEI Number <b>59-1693334</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PDT</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCARTHY, DOUGLAS P.</b>	
STREET ADDRESS	<b>550 SCOTT DRIVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCARTHY, MARIA</b>	
STREET ADDRESS	<b>201-1 ORANGE GROVE DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>STONER, JOHN R</b>	
STREET ADDRESS	<b>45 CAPISTRANO DR</b>	
CITY-ST-ZIP	<b>ORMOND BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PDT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MCCARTHY, DOUGLAS P.</b>	
1.3 STREET ADDRESS	<b>45 CAPISTRANO DR</b>	
1.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32176</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *John R Stoner*

307 904 173 0212

CR2E034 (9/96)