

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED
AND
FILED**
1996 OCT -7 PH 1:29
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT
1996 AMENDMENT

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

DOCUMENT # 611917
1. Corporation Name
Lane Homes, Inc.
5542 First Coast Highway
P.O. Box 1469
Fernandina Beach, FL 32035

Principal Place of Business
5542 First Coast Highway
Fernandina Beach, FL 32034

Mailing Address
P.O. Box 1469
Fernandina Beach, FL 32035

2. Principal Place of Business 21 5542 First Coast Hwy.		2a. Mailing Address 26 P.O. Box 1469		3. Date Incorporated or Qualified 3/06/1979		3a. Date of Last Report 7/3/96	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 591914530		Applied For Not Applicable	
23 City & State Fernandina Bch., Florida		28 City & State Fernandina Bch., FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 32034		29 Zip 32035		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent Lane, Gregory 5542 First Coast Highway Fernandina Beach, FL 32034				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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Vice-President	<input type="checkbox"/> DELETE	1.1 TITLE	900001979009 Addition			
NAME	Lane, Keith H.		1.2 NAME	-10/18/96--01029--005			
STREET ADDRESS	12 Hickory Lane		1.3 STREET ADDRESS	*****61.25 *****61.25			
CITY-ST-ZIP	Amelia Island, FL 32034		1.4 CITY-ST-ZIP				
TITLE	President	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Lane, Gregory R.		2.2 NAME				
STREET ADDRESS	8 Red Cedar Lane		2.3 STREET ADDRESS				
CITY-ST-ZIP	Amelia Island, FL 32034		2.4 CITY-ST-ZIP				
TITLE	Vice-President	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Page, A. Graham		3.2 NAME	Please Delete from officers			
STREET ADDRESS	251 Pages Dairy Road		3.3 STREET ADDRESS				
CITY-ST-ZIP	Yulee, FL 32097		3.4 CITY-ST-ZIP				
TITLE	Sect./Treasurer	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Lane, Florence I.		4.2 NAME				
STREET ADDRESS	8 Red Cedar Road		4.3 STREET ADDRESS				
CITY-ST-ZIP	Amelia Island, FL 32034		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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 617, 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

10/09/96 904-261-4417
Date Daytime Phone

CR2E034 (3/96)