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FILED  
Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 651265 (1)

1. Corporation Name  
MORRISON HOMES OF FLORIDA, INC.

Principal Place of Business

250 PARK AVE SOUTH  
STE 300  
WINTER PK FL 32789  
US

Mailing Address

1080 HOLCOMB BRIDGE ROAD  
BUILDING 200, SUITE 210  
ROSWELL GA 30076-4346  
US

3. Date Incorporated or Qualified  
11/07/1979

3a. Date of Last Report  
06/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1971152

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	CLINE, STEWART	
STREET ADDRESS	1080 HOLCOMB BRIDGE RD., BLDG. 200, #210	
CITY - ST - ZIP	ROSWELL GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DEBITETTO, JOHN B.	
STREET ADDRESS	250 PARK AVE SOUTH, STE 300	
CITY - ST - ZIP	WINTER PK FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	VAN STEE, BRUCE J.	
STREET ADDRESS	1080 HOLCOMB BRIDGE RD., BLDG. 200, #210	
CITY - ST - ZIP	ROSWELL GA	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	HAYES, RUSSELL E.	
STREET ADDRESS	1080 HOLCOMB BRIDGE RD., BLDG. 200, #210	
CITY - ST - ZIP	ROSWELL GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAMET, EDUARDO	
STREET ADDRESS	9050 PINE BLVD, STE 260	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PARKER, STEVEN	
STREET ADDRESS	250 PARK AVE SOUTH SUITE 300	
CITY - ST - ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Larry W. Peebles	
1.3 STREET ADDRESS	3550 Buschwood Park Drive, Suite 210	
1.4 CITY - ST - ZIP	Tampa, FL 33618-4437	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Leslie G. Peters	
2.3 STREET ADDRESS	250 Park Avenue South, Suite 300	
2.4 CITY - ST - ZIP	Winter Park, FL	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sean G. Randall	
3.3 STREET ADDRESS	1080 Holcomb Bridge Rd., Bldg. 100, #190	
3.4 CITY - ST - ZIP	Roswell, GA	
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:

RUSSELL E. HAYES

2/17/97

770-998-9044

Date

Daytime Phone #

CR2E034 (9/96)