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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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 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  
NAME: CLINE, STEWART  
STREET ADDRESS: 1080 HOLCOMB BRIDGE RD., BLDG. 200, #210  
CITY-ST-ZIP: ROSWELL GA

TITLE: V  
NAME: DEBITETTO, JOHN B.  
STREET ADDRESS: 250 PARK AVE SOUTH, STE 300  
CITY-ST-ZIP: WINTER PK FL

TITLE: DVT  
NAME: VAN STEE, BRUCE J.  
STREET ADDRESS: 1080 HOLCOMB BRIDGE RD., BLDG. 200, #210  
CITY-ST-ZIP: ROSWELL GA

TITLE: DVS  
NAME: HAYES, RUSSELL E.  
STREET ADDRESS: 1080 HOLCOMB BRIDGE RD., BLDG. 200, #210  
CITY-ST-ZIP: ROSWELL GA

TITLE: V  
NAME: CAMET, EDUARDO  
STREET ADDRESS: 9050 PINE BLVD, STE 260  
CITY-ST-ZIP: PEMBROKE PINES FL

TITLE: V  
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  
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  
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  
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:  Change  Addition

5.1 TITLE:  Change  Addition

6.1 TITLE:  Change  Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)