

2-12-98 B 1939 C

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

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. 3700 Mansell Road
22. City & State	27. Suite 300
23. Zip	28. Alpharetta, GA
24. Country	29. 30022
	30. USA

3. Date Incorporated or Qualified 11/07/1979	
4. FEI Number 59-1971152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 _____ (INCITE: 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 type="checkbox"/> DELETE
NAME	PEEBLES, LARRY W	
STREET ADDRESS	3550 BUSCHWOOD PARK DR, SUITE 210	
CITY-ST-ZIP	TAMPA FL 37	
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	Leslie G. Peters	
1.3 STREET ADDRESS	250 Park Avenue South, Suite 300	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dennis M. Krett	
2.3 STREET ADDRESS	4005 North Forest Ridge Drive	
2.4 CITY-ST-ZIP	Beverly Hills, FL 34465	
3.1 TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stewart M. Cline	
3.3 STREET ADDRESS	3700 Mansell Rd., Ste 300.	
3.4 CITY-ST-ZIP	Alpharetta, GA 30022	
4.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bruce J. Van Stee	
4.3 STREET ADDRESS	3700 Mansell Road, Suite 300	
4.4 CITY-ST-ZIP	Alpharetta, GA 30022	
5.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Russell E. Hayes	
5.3 STREET ADDRESS	3700 Mansell Road, Suite 300	
5.4 CITY-ST-ZIP	Alpharetta, GA 30022	
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 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; that 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 as an attachment with a _____ address.

SIGNATURE: _____ 2/2/98 770-998-9044

CR2E034 (10/97)