

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90029 004 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 651265

1. Corporation Name
MORRISON HOMES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
250 PARK AVE SOUTH STE 300 WINTER PK FL 32789 US	3700 MANSELL RD #300 ALPHARETTA GA 30022 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	11/07/1979
4. FEI Number	59-1971152
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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 151 Southall Lane	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 200	27
City & State	City & State
23 Maitland, FL 32751	28
Zip Country	Zip Country
24	29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	CLINE, STEWART	
STREET ADDRESS	3700 MANSELL RD #300	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE	V	<input checked="" 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	3700 MANSELL RD #300	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	HAYES, RUSSELL E.	
STREET ADDRESS	3700 MANSELL RD #300	
CITY-ST-ZIP	ALPHARETTA GA 30022	
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	151 Southall Lane, Suite 200	
1.4 CITY-ST-ZIP	Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steven A. Parker	
2.3 STREET ADDRESS	151 Southall Lane, Suite 200	
2.4 CITY-ST-ZIP	Maitland, FL 32751	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: Russell E. Hayes **Russell E. Hayes** 770-998-9044
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)