

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-05-1999 90029 004 ***150.00

DOCUMENT # 651265

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

**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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 151 Southall Lane

26

Suite, Apt. #, etc.
22 Suite 200

Suite, Apt. #, etc.
27

City & State
23 Maitland, FL 32751

City & State
28

Zip Country
24 32751 25

Zip Country
29 30 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

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	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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell E. Hayes

770-998-9044

Date

Daytime Phone #

CR2E034 (1/98)