

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 19 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717254 (7)**

1. Corporation Name  
**MT. CARMEL HOMES, INC.**



Principal Place of Business <b>372 N. LINCOLN ST.                  DAYTONA BEACH FL 32114-3078</b>	Mailing Address <b>372 N. LINCOLN ST.                  DAYTONA BEACH FL 32114-3088</b>
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3. Date Incorporated or Qualified <b>09/25/1969</b>	3a. Date of Last Report <b>11/04/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-1310359</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WELCH, CHARLES**  
**1611 PICCADILLY DR.**  
**DAYTONA BEACH FL 32117**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Charles Welch, President* **Charles Welch** **01/07/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WELCH, CHARLES	
STREET ADDRESS	1611 PICCADILLY DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CRAWFORD, JAMES	
STREET ADDRESS	232 HAYNES ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BETTY	
STREET ADDRESS	1311 CADILLAC DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	THOMAS, BILLY	
STREET ADDRESS	1223 IMPERIAL DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	JONES, LETHRBY <i>Etheroy</i>	
STREET ADDRESS	507 KEECH ST.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	WHEELER, WAYNE A	
STREET ADDRESS	1307 SHANGRI LA DR	
CITY-ST-ZIP	PORT ORANGE FL 32119	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CHARLES WELCH** *Charles Welch, Pres.* (904) 258-5199

CR2E037 (9/96)