FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004812 (4)**

1. Corporation Name

BEAZER HOMES FLORIDA, INC.

Principal Place of Business	Mailing Address
3020 HARTLEY RD SUITE 200 JACKSONVILLE FL 32257	3020 HARTLEY RD SUITE 200 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1993	3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3206900	☐ 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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☑ Change ☐ Addition
NAME	MCCARTHY, IAN J	1.2 NAME	
STREET ADDRESS	~~1927 LAKESIDE PKWY, SUITE 602~~	1.3 STREET ADDRESS	5775 PEACHTREE DUNWOODY RD #C550
CITY-ST-ZIP	~~TUCKER GA~~	1.4 CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	BEAZER, BRIAN C	2.2 NAME	
STREET ADDRESS	~~1927 LAKESIDE PKWY, SUITE 602~~	2.3 STREET ADDRESS	5775 PEACHTREE DUNWOODY RD #C550
CITY-ST-ZIP	~~TUCKER GA~~	2.4 CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	~~D~~	3.1 TITLE	P ☑ Change ☑ Addition
NAME	~~HEMPSTEAD, GEORGE H III~~ DELETE	3.2 NAME	EDWARD C. BAUER
STREET ADDRESS	1927 LAKESIDE PKWY, SUITE 602	3.3 STREET ADDRESS	10 CENTRAL PKWY #130
CITY-ST-ZIP	TUCKER GA	3.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	PANITZ, LEON J JR	4.2 NAME	
STREET ADDRESS	3020 HARTLEY RD, SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	~~V~~	5.1 TITLE	T ☑ Change ☐ Addition
NAME	SKELTON, JOHN	5.2 NAME	
STREET ADDRESS	~~1927 LAKESIDE PKWY, SUITE 602~~	5.3 STREET ADDRESS	5775 PEACHTREE DUNWOODY RD #C550
CITY-ST-ZIP	~~TUCKER GA~~	5.4 CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	~~S~~	6.1 TITLE	S ☑ Change ☑ Addition
NAME	~~BLUNDON, JILL M~~ DELETE	6.2 NAME	JENNIFER P. JONES
STREET ADDRESS	436 SEVENTH AVE, ROOM 1001	6.3 STREET ADDRESS	5775 PEACHTREE DUNWOODY RD #C550
CITY-ST-ZIP	PITTSBURGH PA	6.4 CITY-ST-ZIP	ATLANTA, GA 30342

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4-25-95 904-292-9440
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0021120 CP