

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY 11 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J26044 (4)
1. Corporation Name
ROCKWELL HOMES, INC.

Principal Place of Business: **1435 CONINGSWOOD BLVD UNIT G PORT CHARLOTTE FL 33948**
Mailing Address: **1435 CONINGSWOOD BLVD UNIT G PORT CHARLOTTE FL 33948**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/25/1986** 3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-2739660** 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. 198.02, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26** **P.O. Box 2605**
State: Apt. # etc.: **22** State: Apt. # etc.: **27**
City & State: **23** City & State: **28** **Port Charlotte, FL**
Zip: **24** Zip: **25** **33949** Zip: **29** **33949** Zip: **30** **Charlotte**

9. Name and Address of Current Registered Agent
**FARHAT, PHILIP D.
326 SEVERIN RD.
PORT CHARLOTTE FL 33952**

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: **FL**

11. I, **FARHAT, PHILIP D.**, in the presence of **Sandra B. Morham**, Secretary of State, Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office to the principal place of business in the State of Florida. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not a director or officer of the corporation. I am a resident of Florida. Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DP FARHAT, PHILIP D. 326 SEVERIN RD. PORT CHARLOTTE FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V FARHAT, TIMOTHY 25860 AYSEN PORT CHARLOTTE FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T FARHAT, SUZANNE 326 SEVERIN ROAD PORT CHARLOTTE FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I, **FARHAT, PHILIP D.**, certify that the information supplied with this filing is voluntarily furnished and is true and correct. I am not a director or officer of the corporation. I am a resident of Florida. Florida Statutes. I hereby certify that the information supplied in this annual report or supplemental annual report is true and correct and that my corporation shall have the same legal effect as if it had been prepared and filed by the corporation. I am not a director or officer of the corporation. I am a resident of Florida. Florida Statutes. I hereby certify that the information supplied in this filing is true and correct and that my corporation shall have the same legal effect as if it had been prepared and filed by the corporation. I am not a director or officer of the corporation. I am a resident of Florida. Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR