

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -3 PM 4: 43

DOCUMENT # **J94756** (0)

1. Corporation Name  
**PRIDE BILT HOMES, INC.**

Principal Place of Business

Mailing Address

C/O BARRY J. FULLER  
1210 KINGSLEY AVE #2  
ORANGE PARK FL 32073

C/O BARRY J. FULLER  
1210 KINGSLEY AVE #2  
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/25/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2850354** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **8518 103RD ST**  
Suite, Apt. #, etc.

26 **SAME**  
Suite, Apt. #, etc.

22 **FLAX FLA**  
City & State

27  
City & State

23 **32210**  
Zip

Country

28  
Zip

Country

24  
25 **DUVAL**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FULLER, BARRY J.**  
1210 KINGSLEY AVE #2  
ORANGE PARK FL 32073

81 Name **SID HIGGINBOTHAM**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **8518 103RD ST**

84 City **JACKSONVILLE**

**FL**

85 Zip Code **32210**

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 *Sid Higginbotham*  
(Signature typed or printed by name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

**3-28-95**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **HIGGINBOTHAM, SID H.**  
STREET ADDRESS **8117 RAYMOND STREET**  
CITY - ST - ZIP **JACKSONVILLE FL**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE **D**  
NAME **MCKINZIE, BARBARA J.**  
STREET ADDRESS **685 NELSON DR.**  
CITY - ST - ZIP **ORANGE PARK FL**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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 110.07(3)(a), 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: *Sid Higginbotham*  
(Signature and typed or printed name of signing officer or director)

**3-28-95** **7-11-95**  
Date Date