

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J94756 (0)**

1. Corporation Name
PRIDE BILT HOMES, INC.



Principal Place of Business: **8518 103RD ST. JACKSONVILLE FL 32210 US**
Mailing Address: **8518 103RD STREET JACKSONVILLE FL 32210 US**

3. Date Incorporated or Qualified: **09/25/1987** 3a. Date of Last Report: **04/03/1995**
4. FET 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: **21** State: **FL** 2a. Mailing Address: **26** State: **FL**
22 City & State: **JACKSONVILLE FL** **27** City & State: **JACKSONVILLE FL**
23 Zip: **32210** **28** Zip: **32210** **29** Country: **US** **30** Country: **US**

9. Name and Address of Current Registered Agent

**HIGGINBOTHAM, SID
8518 103RD ST.
JACKSONVILLE FL 32210**

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 607.0105 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 Sections 607.0105, Florida Statutes.

SIGNATURE: *Sid Higginbotham*

SID HIGGINBOTHAM - PRESIDENT 2/8/96

12. OFFICERS AND DIRECTORS

12.1 TITLE: D	<input type="checkbox"/> DELETED
NAME: HIGGINBOTHAM, SID H.	
STREET ADDRESS: 8117 RAYMOND STREET	
CITY-STATE-ZIP: JACKSONVILLE FL	
12.2 TITLE: D	<input type="checkbox"/> DELETED
NAME: MCKINZIE, BARBARA J.	
STREET ADDRESS: 665 NELSON DR.	
CITY-STATE-ZIP: ORANGE PARK FL	
12.3 TITLE: _____	<input type="checkbox"/> DELETED
NAME: _____	
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	
12.4 TITLE: _____	<input type="checkbox"/> DELETED
NAME: _____	
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	
12.5 TITLE: _____	<input type="checkbox"/> DELETED
NAME: _____	
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: _____	
13.3 STREET ADDRESS: _____	
13.4 CITY-STATE-ZIP: _____	
13.5 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME: _____	
13.7 STREET ADDRESS: _____	
13.8 CITY-STATE-ZIP: _____	
13.9 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME: _____	
13.11 STREET ADDRESS: _____	
13.12 CITY-STATE-ZIP: _____	
13.13 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME: _____	
13.15 STREET ADDRESS: _____	
13.16 CITY-STATE-ZIP: _____	

14. I 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)(k), Florida Statutes. I further certify that the information included 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*

SID HIGGINBOTHAM PRESIDENT 2/8/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)