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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P94000015258 (4)

1. Corporation Name
CARROLL CUSTOM HOMES OF FLORIDA, INC.



Principal Place of Business
**6332 MARINER BLVD.
 SPRING HILL FL 34609**

Mailing Address
**13157 LOLA DR
 SPRING HILL FL 34609-1037
 US**

3. Date Incorporated or Qualified 02/17/1994	3a. Date of Last Report 03/13/1996
4. FEI Number 59-3226804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6277 PENNA STREET Suite, Apt. #, etc.	2a. Mailing Address 26 6277 PENNA STREET Suite, Apt. #, etc.
22 City & State 23 SPRING HILL, FL	27 City & State 28 SPRING HILL, FL
24 Zip 34609 25 Country	29 Zip 34609 30 Country

9. Name and Address of Current Registered Agent CARROLL, THOMAS E 13157 LOLA DR SPRING HILL FL 34609		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 6277 PENNA STREET		
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: _____ (NOTE: Registered Agent's signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPST	<input type="checkbox"/> DELETE	1.1 TITLE DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARROLL, THOMAS E		1.2 NAME CARROLL, THOMAS E	
STREET ADDRESS 13157 LOLA DR		1.3 STREET ADDRESS 6277 PENNA STREET	
CITY-ST-ZIP SPRING HILL FL		1.4 CITY-ST-ZIP SPRING HILL FL	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME CARROLL, DONNA L	
STREET ADDRESS		2.3 STREET ADDRESS 6277 PENNA STREET	
CITY-ST-ZIP		2.4 CITY-ST-ZIP SPRING HILL, FL.	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME LINN, JAMES D	
STREET ADDRESS		3.3 STREET ADDRESS 6277 PENNA STREET	
CITY-ST-ZIP		3.4 CITY-ST-ZIP SPRING HILL, FL.	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *Thomas E Carroll* **THOMAS E CARROLL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Title: **Pres-Sec.** Date: **1/20/97** Telephone: **(352) 689-9440**

CR2E034 (9/96)