

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000000300 (0)

1. Corporation Name

LEGACY HOMES, INC.



Principal Place of Business

3729 SWALLOWTAIL TRACE
TALLAHASSEE FL 32308

Mailing Address

3729 SWALLOWTAIL TRACE
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 8225 Deerlake Rd

2a. Mailing Address

26 P.O. Box 15406, Tall, FL 32317

4. FEI Number

59-3286752

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

Zip

Country

Zip

Country

24 32312

25 Leon

29 32317

30 Leon

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARIMPOUR, MASOUD
202 SUGAR PLUM DRIVE
TALLAHASSEE FL 32312

81 Name

Albert J. Conner

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

3729 Swallowtail Trace

83

84 City

Tallahassee

FL

85 Zip Code

32308

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

Signature, by or on behalf of registered agent and title if applicable

Albert J. Conner

4-11-96

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
Registered Agent
Masoud Karimpour
202 Sugar Plum Dr.
Talla, FL 32312

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

President / Secretary
Albert J. Conner
3729 Swallowtail Trace
Talla, FL 32308

Change Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Vice President

Change Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Lee Alday
3729 Swallowtail Trace
Tallahassee, FL 32308

Change Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

400001812414
-05/08/96--01005--024
***200.00

Change Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

400001812414
-05/08/96--01005--024
***200.00

Change Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001812414
-05/08/96--01005--024
***200.00

Change Addition

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)(k), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert J. Conner 4-14-96

Date

893-4500

Daytime Phone #

CR2E034 (12/95)