

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 20 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 # P95000063997 (7)**

1. Corporation Name  
**ED ARNOLD HOMES, INC.**



Principal Place of Business

Mailing Address

**12041 BEACH BOULEVARD #22  
 JACKSONVILLE FL 32246**

**12041 BEACH BOULEVARD #22  
 JACKSONVILLE FL 32246-6702**

2. Principal Place of Business

2a. Mailing Address

21 | Suite, Apt. #, etc.

26 | Suite, Apt. #, etc.

22 | City & State

27 | City & State

23 | Zip | Country

28 | Zip | Country

24 |

25 |

29 |

30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNOLD, WILLIAM E  
 12041 BEACH BOULEVARD #22  
 JACKSONVILLE FL 32246**

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 607.0552 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 true and whole and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the president or other officer or director, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1201	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ARNOLD, WILLIAM E</b>	
STREET ADDRESS	<b>12041 BEACH BOULEVARD #22</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32246</b>	
1202	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAUGHARTY, JOHN F</b>	
STREET ADDRESS	<b>1780 SHADOW WOOD LANE #410</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32207</b>	
1203		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
1204		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
1205		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 *William E Arnold* **WILLIAM E ARNOLD** 3/11/97 (904) 998-7400

CR2E034 (9/96)