


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90012 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000053701

1. Corporation Name
GORHAM CUSTOM BUILDERS OF FLORIDA, INC.

Principal Place of Business 8262 SANCTUARY LANE AMELIA ISLAND FL 32034	Mailing Address 8262 SANCTUARY LANE AMELIA ISLAND FL 32034
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/16/1998	
4. FEI Number 59-3518444	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MCCARROLL, LORIE L C.P.A.
 1890 SOUTH 14TH STREET
 SUITE 200
 FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name McCarroll, Lorie L. C.P.A.	
82 Street Address (P.O. Box Number is Not Acceptable) 2334 E. State Rd. 200, Ste. 300	
83	
84 City Fernandina Beach	85 Zip Code FL 32034

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: Lorie L. McCarroll CPA DATE: 1/21/99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORHAM, MICHAEL T	
STREET ADDRESS	8262 SANCTUARY LANE	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORHAM, JOHN S	
STREET ADDRESS	8262 SANCTUARY LANE	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOEHM, MAURA G	
STREET ADDRESS	8262 SANCTUARY LANE	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOEHM, TIMOTHY W	
STREET ADDRESS	8262 SANCTUARY LANE	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

Date: 1-22-99 Daytime Phone #: 904 307-7115

CR2E034 (1/1/98)