FORM 1	STATEN	MENT OF		2000
	FINANCIAL		;	2000
LAST, NAME — FIRST NAME — MIDDLE NAME NORRIS JOE WING ADDRESS: 27 23 3 JWL Y Roger CITY: ZIP: BONITASPS 34135	IESLEY		DON'T	See "Who Must File" on page 3): STATE OFFICER SPECIFIED STATE EMPLOYEE
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCE A FISCAL YEAR. PLEASE STATE BELOW WELL DECEMBER 31, 2000 MANNER OF CALCULATING REPORTABLE IN PRIOR TO 2001, THE THRESHOLDS FOR REPORDED BEGINNING IN 2001, THE LEGISLATURE DOLLAR VALUES, WHICH REQUIRES FEWER MENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE	HETHER THIS STATEMENT IS OR	S FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN ESTS WERE COMPARATIVE, HE OPTION OF USING REPORT Ctions for further details). PLEA	THE CALEI USUALLY RTING THE	DING EITHER (check one): NDAR YEAR: BASED ON PERCENTAGE VAL- RESHOLDS THAT ARE ABSOLUTE
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	[Major sources of income to the SOURC ADDRE	CE'S		RIPTION OF THE SOURCE'S CIPAL BUSINESS ACTIVITY
Hickory Homes INC	1094 E Bonita Bonitasps FL	-Bch.Ro -34135	VP	PRODUCTION
	ME [Major customers, clients, a IE OF MAJOR SOURCES BUSINESS'S INCOME	and other sources of income to ADDRESS OF SOURCE	businesses	s owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C-REAL PROPERTY [Land, buildings Home 27233 JOLLY ROG Land 5 the OCA	owned by the reporting person Perly Bouth	Sp FC netau Cty	when ar located INSTR this form on page	G INSTRUCTIONS for and where to file this form are at the bottom of page 2. CUCTIONS on who must file m and how to fill it out begin a 3 of this packet.
	10 80 17 17 17			R FORMS you may need to described on page 6.

PART D — INTANGIBLE PERSO TYPE OF INTANG		cks, bonds, certificat	tes of deposit, etc.] BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES	
mutual Fund					
Davestruble		Suc.	BONIGA SPS FL		
<u> </u>	· Sinc				
		0			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
Mtg. on Home	_				
Court for 111 X	Mtg Co,				
WALLEY WIDE	111901				
				<u> </u>	
			Company of the control of the contro		
PART F INTERESTS IN SPEC			tions in certain types of businesses]	I BUSINESS FNTITY#3	
NAME OF	CIFIED BUSINESSES BUSINESS EN		tions in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF				BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY				BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY				BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY				BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%				BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	BUSINESS EN	NTITY#1			
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	BUSINESS EN	NTITY#1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	A THROUGH F AF	RE CONTINUED	DON A SEPARATE SHEET, PL	EASE CHECK HERE	

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

NOTE: MULTIPLE FILING UNNECES-SARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates file this form together with your qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.