

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:48

DOCUMENT # 418802 (5)

1. Corporation Name
HOMES OF MERIT, INC.

Principal Place of Business Mailing Address
PO BOX 1606 BUILDING 103, BARTOW AIR BASE BARTOW FL 33830
PO BOX 1606 BUILDING 103, BARTOW AIR BASE BARTOW FL 33830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/09/1973
3a. Date of Last Report 05/01/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 BUILDING 121 BARTOW AIR BASE 27
23 City & State 28 City & State
24 Zip 25 Country 29 33831 30 Country

4. FEI Number 59-1438488 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
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
WEEDER, CHARLES E
130 MIRROR LANE, N.W.
WINTER HAVEN FL 33880

10. Name and Address of Now Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 3318 Eagles Trace
84 City WINTER HAVEN FL 85 Zip Code 33884

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C WEEDER, CHARLES E 130 MIRROR LANE N W WINTER HAVEN, FL 0
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRISS, W. J. 304 LAKE MIRIAM DR. WINTER HAVEN FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST AMANN, DAVID W 1258 SCOTTSLAND DRIVE LAKELAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3318 Eagles Trace Winter Haven, Fla. 33884
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Deceased
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT KEVIN F. CLANCY LAKE WINDOERRY LANE LAKELAND, FL. 33813
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT MARK E. WELDER 7121 SWELL AD BARTOW FLA 33830
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: David W. Amann DAVID W. AMANN 2/7/95 813 533 0513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR