

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **418802 (5)**
1. Corporation Name
HOMES OF MERIT, INC.



Principal Place of Business: **PO BOX 1606 BUILDING 121 BARTOW AFB BARTOW FL 33830 US**
Mailing Address: **PO BOX 1606 BUILDING 103, BARTOW AIR BASE BARTOW FL 33831 US**

3. Date incorporated or Qualified: **02/09/1973** 3a. Date of Last Report: **02/14/1995**
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

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

9. Name and Address of Current Registered Agent: **WEEDER, CHARLES E 3318 EAGLES TRACE WINTER HAVEN FL 33884**
10. Name and Address of New Registered Agent: **81** Name: **82** Street Address (P.O. Box Number is Not Acceptable): **83** City: **84** **FL** **85** Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	WEEDER, CHARLES E 3318 EAGLES TRACE WINTER HAVEN, FL 0	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	CLANCY, KEVIN F. 6908 WILDBERRY LANE LAKELAND FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST	AMANN, DAVID W 1258 SCOTTSLAND DRIVE LAKELAND FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP	WEEDER, MARK E. 7121 SWELL ROAD BARTOW FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5.2 NAME	
TITLE: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.2 NAME	
TITLE: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

VICE PRESIDENT, SECRETARY & TREASURER
VICE PRESIDENT GARY TOWNES RT. 13 BDX 272 LAKE CITY, FL 32055
DIRECTOR NURMA WEEDER 3318 EAGLES TRACE WINTER HAVEN, FL 33884

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* 4/29/96 941 535 0593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)