

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

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 33831-1606 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified <b>02/09/1973</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1438488</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
84 City
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	WEEDER, CHARLES E	
STREET ADDRESS	3318 EAGLES TRACE	
CITY-ST-ZIP	WINTER HAVEN, FL 0	
TITLE	VP	<input type="checkbox"/>
NAME	CLANCY, KEVIN F.	
STREET ADDRESS	6908 WILDBERRY LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	STVP	<input type="checkbox"/>
NAME	AMANN, DAVID W	
STREET ADDRESS	1258 SCOTTSLAND DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/>
NAME	WEEDER, MARK E.	
STREET ADDRESS	7121 SWELL ROAD	
CITY-ST-ZIP	BARTOW FL	
TITLE	VP	<input type="checkbox"/>
NAME	TOWNS, GARY	
STREET ADDRESS	RT.13-BOX 272	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	WEEDER, NORMA	
STREET ADDRESS	3318 EAGLES TRACE	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/17/97** **041 533 7593**

CR2E034 (9/96)