

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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 1806 BUILDING 121 BARTOW AFB BARTOW FL 33830 US	Mailing Address PO BOX 1806 BUILDING 103 BARTOW AIR BASE BARTOW FL 33831 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>02/09/1973</b>
4. FEI Number <b>59-1438488</b>
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 **David W. Amann**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**Homes Of Merit, Inc.**  
 83 **Building #121 Bartow Airbase**  
 84 City **Bartow, FL** 85 Zip Code **33830**

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 *David W. Amann* (NOTE: Registered Agent signature required when reinstating) DATE **3/10/98**

12. OFFICERS AND DIRECTORS

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

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.

SIGNATURE: *David W. Amann* DATE: **3/10/98** 941 533-1593

CR2E034 (10/97)