

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90120 037 ***150.00

0435541

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 418802

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
02/09/1973

4. FEI Number
59-1438488

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
AMANN, DAVID W
HOMES OF MERIT INC
BUILDING #121 BARTOW AIRBASE
BARTOW FL 33830

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **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: *[Signature]* DATE: **4/27/99**

12. OFFICERS AND DIRECTORS

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

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	VP <input checked="" 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	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Phil Surles
5.3 STREET ADDRESS	2701 University Dr. Suite 300
5.4 CITY-ST-ZIP	Auburn Hills, Mi. 48327-2577
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John J. Collins, Jr.
6.3 STREET ADDRESS	2701 University DR. Suite 300
6.4 CITY-ST-ZIP	Auburn Hills, Michigan 48327-2577

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DAVID W AMANN** DATE: **4/27/99** PHONE: **941-533-0593**

CR2E034 (1/98)