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Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # **L39040** (5)

1. Corporation Name
RIMER HOMES, INC.



Principal Place of Business Mailing Address
C/O BRUCE A. MITCHELL
1825 S RIVERVIEW DR. P O DRAWER 639
MELBOURNE FL 32901

3. Date Incorporated or Qualified **01/01/1990** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business
 21. **223 PEREGRINE DR**
 Suite, Apt. # etc.
 22. **INDIALANTIC**
 City & State
 23. **FL**
 Zip
 24. **32903** Country
 25. **BREVARD**

4. FEI Number **59-2988430** 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
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

28. Mailing Address
 26. **P.O. BOX 033157**
 Suite, Apt. # etc.
 27. **INDIALANTIC**
 City & State
 28. **FL**
 Zip
 29. **32903** Country
 30. **BREVARD**

9. Name and Address of Current Registered Agent
RIMER, KAY
8020 MONTOBA LANE
MELBOURNE FL 32905

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 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 fully aware and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Kay Rimer* (NOTE: Registered Agent signature required when reinstating) DATE **3-18-97**

12. OFFICERS AND DIRECTORS
 DELETE
 1. TITLE
D
 2. NAME
RIMER, KAY R.
 3. STREET ADDRESS
8020 MONTOBA LANE 223 PEREGRINE DR
 4. CITY - ST - ZIP
MELBOURNE FL INDIALANTIC FL 32903

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP
 6.1 TITLE Change Addition
 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 included 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: *Kay Rimer* DATE: **3-18-97** TELEPHONE: **407-779-9990**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)