NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 3:45

DOCUMENT # P33942 (4)

1. Corporation Name
JOHN WIELAND HOMES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
3901 MONUMENT ROAD JACKSONVILLE FL 32225	1950 SULLIVAN ROAD ATLANTA GA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/15/1991	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21):	2a. Mailing Address (26): 1950 Sullivan Road
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27): Attn: Richard A. Bacon
City & State (23):	City & State (28): Atlanta, GA
Zip (24): / Country (25):	Zip (29): 30337 / Country (30): USA
4. FEI Number: 58-1942818	☐ 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	

9. Name and Address of Current Registered Agent

GILES, RICK
3901 MONUMENT ROAD
JACKSONVILLE FL 32225

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] Rick Giles 071795
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE	D P	☒ Change ☐ Addition
NAME	WIELAND, JOHN F.	1.2 NAME	John F. Wieland	
STREET ADDRESS	1950 SULLIVAN RD.	1.3 STREET ADDRESS	1950 Sullivan Road	
CITY-ST-ZIP	ATLANTA GA 30337	1.4 CITY-ST-ZIP	Atlanta, GA 30337	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	GILLESPIE JOHN B.	2.2 NAME	Robert Pope, Jr.	
STREET ADDRESS	1950 SULLIVAN RD.	2.3 STREET ADDRESS	1950 Sullivan Road	
CITY-ST-ZIP	ATLANTA GA 30337	2.4 CITY-ST-ZIP	Atlanta, GA 30337	
TITLE	VAS	3.1 TITLE		☐ Change ☐ Addition
NAME	BACON RICHARD A.	3.2 NAME		
STREET ADDRESS	1950 SULLIVAN RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30337	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	V	☒ Change ☐ Addition
NAME	COHEN NORMAN	4.2 NAME	Mark Rogers	
STREET ADDRESS	1950 SULLIVAN RD.	4.3 STREET ADDRESS	1950 Sullivan Road	
CITY-ST-ZIP	ATLANTA GA 30337	4.4 CITY-ST-ZIP	Atlanta, GA 30337	
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	GILES, RICK	5.2 NAME		
STREET ADDRESS	3901 MONUMENT RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE	D T S	☒ Change ☐ Addition
NAME	WEILAND SUSAN W.	6.2 NAME	Susan W. Wieland	
STREET ADDRESS	1950 SULLIVAN RD.	6.3 STREET ADDRESS	1950 Sullivan Road	
CITY-ST-ZIP	ATLANTA GA 30337	6.4 CITY-ST-ZIP	Atlanta, GA 30337	

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)(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: [signature] Richard A. Bacon VP, Asst. Secy. 071795 (404) 996-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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