

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P33942 (4)

1. Corporation Name

JOHN WIELAND HOMES OF JACKSONVILLE, INC.



Principal Place of Business

3901 MONUMENT ROAD
JACKSONVILLE FL 32225

Mailing Address

1950 SULLIVAN ROAD
ATTN: RICHARD A. BACON
ATLANTA GA 30337
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/15/1991

3a. Date of Last Report

08/08/1995

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

10. Name and Address of New Registered Agent

GILES, RICK
3901 MONUMENT ROAD
JACKSONVILLE FL 32225

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME WIELAND, JOHN F.
STREET ADDRESS 1950 SULLIVAN RD.
CITY-ST-ZIP ATLANTA GA 30337 ☒ DELETE

TITLE V
NAME GILLESPIE JOHN B.
STREET ADDRESS 1950 SULLIVAN RD.
CITY-ST-ZIP ATLANTA GA 30337 ☒ DELETE

TITLE VAS
NAME BACON RICHARD A.
STREET ADDRESS 1950 SULLIVAN RD.
CITY-ST-ZIP ATLANTA GA 30337 ☐ DELETE

TITLE V
NAME COHEN NORMAN
STREET ADDRESS 1950 SULLIVAN RD.
CITY-ST-ZIP ATLANTA GA 30337 ☒ DELETE

TITLE V
NAME GILES, RICK
STREET ADDRESS 3901 MONUMENT RD
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ DELETE

TITLE SD
NAME WEILAND SUSAN W.
STREET ADDRESS 1950 SULLIVAN RD.
CITY-ST-ZIP ATLANTA GA 30337 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME WIELAND, JOHN F.
1.3 STREET ADDRESS 1950 SULLIVAN RD
1.4 CITY-ST-ZIP ATLANTA GA 30337 ☐ Change ☒ Addition

2.1 TITLE SDT
2.2 NAME WIELAND, SUSAN W.
2.3 STREET ADDRESS 1950 SULLIVAN RD
2.4 CITY-ST-ZIP ATLANTA GA 30337 ☐ Change ☒ Addition

3.1 TITLE V
3.2 NAME VAN SCHAICK, ANTHONY
3.3 STREET ADDRESS 1950 SULLIVAN RD
3.4 CITY-ST-ZIP ATLANTA GA 30337 ☐ Change ☒ Addition

4.1 TITLE AS
4.2 NAME FOSTER VICKY
4.3 STREET ADDRESS 1950 SULLIVAN RD
4.4 CITY-ST-ZIP ATLANTA GA 30337 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
900001761259
-03/28/96--01058--042
***400.00 ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Richard A. Bacon

Richard A. Bacon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OBWA

(770) 996-2400 x312

Daytime Phone

CR2E034 (12/95)