


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

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P33942 (4)</b> 1. Corporation Name <b>JOHN WIELAND HOMES OF JACKSONVILLE, INC.</b>			
Principal Place of Business <b>3901 MONUMENT ROAD JACKSONVILLE FL 32225</b>		Mailing Address <b>1950 SULLIVAN ROAD ATTN: RICHARD A. BACON ATLANTA GA 30337-5706 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>GILES, RICK 3901 MONUMENT ROAD JACKSONVILLE FL 32225</b>		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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	FOSTER, VICKY		
STREET ADDRESS	1950 SULLIVAN RD		
CITY - ST - ZIP	ATLANTA GA 30337		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WIELAND, JOHN F.		
STREET ADDRESS	1950 SULLIVAN RD.		
CITY - ST - ZIP	ATLANTA GA 30337		
TITLE	VAS	<input type="checkbox"/> DELETE	
NAME	BACON RICHARD A.		
STREET ADDRESS	1950 SULLIVAN RD.		
CITY - ST - ZIP	ATLANTA GA 30337		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	VAN SCHAICK, ANTHONY		
STREET ADDRESS	1950 SULLIVAN RD.		
CITY - ST - ZIP	ATLANTA GA 30337		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	GILES, RICK		
STREET ADDRESS	3901 MONUMENT RD		
CITY - ST - ZIP	JACKSONVILLE FL 32225		
TITLE	SDT	<input type="checkbox"/> DELETE	
NAME	WIELAND SUSAN W.		
STREET ADDRESS	1950 SULLIVAN RD.		
CITY - ST - ZIP	ATLANTA GA 30337		
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 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 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 in an attachment with an address.			
SIGNATURE: <u>Richard Bacon</u> RICHARD BACON 01/15/97 (770) 996-2400 VICE PRES/ASST. SECY.			



CR2E034 (9/96)