

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

**3901 MONUMENT ROAD
JACKSONVILLE FL 32225**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/15/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1942818	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29			

9. Name and Address of Current Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, VICKY	1.2 NAME	
STREET ADDRESS	1950 SULLIVAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30337	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIELAND, JOHN F.	2.2 NAME	
STREET ADDRESS	1950 SULLIVAN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30337	2.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN SCHAICK, ANTHONY	4.2 NAME	
STREET ADDRESS	1950 SULLIVAN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30337	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	SDT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILAND SUSAN W.	6.2 NAME	
STREET ADDRESS	1950 SULLIVAN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30337	6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

CP2E034 (10/97)