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FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000042928 (9)**

1. Corporation Name

HOFMEISTER HOMES, INC.

Principal Place of Business

**17521 US HWY 441 SUITE 30
MOUNT DORA FL 32757**

Mailing Address

**PO BOX 778
EUSTIS FL 32727
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1994	
21	Suite, Apt. #, etc	26	17521 US Hwy 441	4. FEI Number 59-3248977	
22	City & State	27	Suite 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Mount Dora, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	32757	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	
25	Country	30	Lake		

9. Name and Address of Current Registered Agent

**HOFMEISTER, CARLA D
17521 US HWY 441 SUITE 30
MOUNT DORA FL 32757**

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

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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFMEISTER, TOM L	1.2 NAME	
STREET ADDRESS	PO BOX 778 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFMEISTER, CARLA D	2.2 NAME	
STREET ADDRESS	PO BOX 778 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFMEISTER, JOHN C.	3.2 NAME	
STREET ADDRESS	PO BOX 778 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: **Carla D. Hofmeister** *Carla D. Hofmeister* 3/6/98 (352)383-5600

CR2E034 (10/97)