

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

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**95 APR 17 PM 2:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 659087 (1)**

**1. Corporation Name  
HOMESTEAD STUDIO, INC.**

**Principal Place of Business Mailing Address  
5000 SAN JOSE BLVD. #264 5000 SAN JOSE BLVD. #264  
P.O. BOX 10603 P.O. BOX 10603  
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 03/12/1980 3a. Date of Last Report 05/01/1994**

**4. FEI Number 59-2007207 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**

**7. This corporation has liability for intangible tax under S. 199.092, Florida Statutes Yes No**

**2. Principal Place of Business 2a. Mailing Address**

**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**

**22 City & State 27 City & State**

**23 Zip Country 28 Zip Country**

**24 25 29 30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GRANT, RICHARD M  
5000 SAN JOSE BLVD #264  
JACKSONVILLE FL 32207**

**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 re-registering DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE D  
NAME LEBO, ELAINE  
STREET ADDRESS 5000 SAN JOSE BLVD #264  
CITY - ST - ZIP JACKSONVILLE FL**

**TITLE DP  
NAME GRANT, RICHARD M.  
STREET ADDRESS 5000 SAN JOSE BLVD #264  
CITY - ST - ZIP JACKSONVILLE FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**1 1 TITLE Change Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP**

**2 1 TITLE Change Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP**

**3 1 TITLE Change Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP**

**4 1 TITLE Change Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP**

**5 1 TITLE Change Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP**

**6 1 TITLE Change Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP**

**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)(b), 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 holder 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 M. Grant* RICHARD M. GRANT, PRESIDENT Date 4/11/95**