

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

FILED
May 20 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 # **171271** (0)

1. Corporation Name
HOME SERVICE COMPANY OF MIMS

Principal Place of Business 3209 U S #1 MIMS FL 32754	Mailing Address 3209 U S #1 MIMS FL 32754
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1952	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 05-9806283	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HUDICK, JOSEPH M 3209 US 1 MIMS FL 32754				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	PDV	<input checked="" type="checkbox"/> DELETE						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	HUDICK, JOSEPH M							1.2 NAME	DAVID C HUDICK						
STREET ADDRESS	3209 US 1							1.3 STREET ADDRESS	3209 US 1						
CITY-ST-ZIP	MIMS, FL 00000							1.4 CITY-ST-ZIP	MIMS, FL 32754						
TITLE	SD	<input type="checkbox"/> DELETE						2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	HUDICK, BETTY J.							2.2 NAME							
STREET ADDRESS	3209 US 1							2.3 STREET ADDRESS							
CITY-ST-ZIP	MIMS, FL 00000							2.4 CITY-ST-ZIP							
TITLE	VD	<input type="checkbox"/> DELETE						3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	HUDICK, CHARLES J.							3.2 NAME							
STREET ADDRESS	3209 US 1							3.3 STREET ADDRESS							
CITY-ST-ZIP	MIMS, FL 00000							3.4 CITY-ST-ZIP							
TITLE	P	<input type="checkbox"/> DELETE						4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	HUDICK, EDWARD F.							4.2 NAME							
STREET ADDRESS	3209 US HWY.#1							4.3 STREET ADDRESS							
CITY-ST-ZIP	MIMS FL							4.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						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		<input type="checkbox"/> DELETE						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.

CR2E034 (10/97)