

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 545503 (5)

1. Corporation Name

HOME DEVELOPMENT, INC.

FILED

95 JUL 28 AM 7:35

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

**6102 8TH AVENUE SOUTH
GULFPORT FL 33707**

Mailing Address

**6102 8TH AVENUE SOUTH
GULFPORT FL 33707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1977

3a. Date of Last Report

08/10/1994

4. FEI Number

59-1766811

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

**WARE, CHARLES B
6102 8TH AVENUE SOUTH
GULFPORT FL 33707**

10. Name and Address of New Registered Agent

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 must be printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when consolidating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PVP
NAME	WARE, CHARLES B
STREET ADDRESS	6102 8TH AVENUE SOUTH
CITY, ST, ZIP	GULFPORT, FL 00000
TITLE	ST
NAME	WARE, PATRICIA D
STREET ADDRESS	6102 8TH AVENUE SOUTH
CITY, ST, ZIP	GULFPORT, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	ST
7. STREET ADDRESS	LISA M. WARE
8. CITY, ST, ZIP	6102 8TH AVENUE SOUTH
9. CITY, ST, ZIP	GULFPORT FL 33707
10. TITLE	☐ Change ☐ Addition
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	
14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY, ST, ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. 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)(k), 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:

Charles B Ware President

7/25/95

813-391-3361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR