

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

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **615106**

(2)

1. Corporation Name

HOMELAND PROPERTIES, INC.

Principal Place of Business

**2445 NE 125TH TERR RD
SILVER SPRINGS FL 34488
US**

Mailing Address

**2445 NE 125TH TERR RD
SILVER SPRINGS FL 34488-2583
US**

3. Date Incorporated or Qualified

03/23/1979

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **2445 NE 125th Terrace Rd.** 26 **2445 NE 125th Terrace Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **N/A**

27 **N/A**

City & State

City & State

23 **Silver Springs, FL**

28 **Silver Springs, FL**

Zip

Country

Zip

Country

24 **34488**

25 **USA**

29 **34488**

30 **USA**

4. FEI Number

59-1913447

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

9. Name and Address of Current Registered Agent

**LARRAMORE, CLYDE B.
2445 NE 125TH TERRACE ROAD
SILVER SPRINGS FL 34488**

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **LARRAMORE, CLYDE B.**
STREET ADDRESS **2445 NE 125TH TERRACE RD**
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **LARRAMORE, MARY W**
STREET ADDRESS **2445 N.E. 125TH TERRACE RD.**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do 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:

Clyde B. Larramore

Clyde B. Larramore, Pres.

04/16/97 (352)625-6130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0442234

CR2E034 (9/96)