

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **659087** (1)

1. Corporation Name
HOMESTEAD STUDIO, INC.

**NOTE ADDRESS CHANGE*

**Homestead Studio, Inc.
Rick Grant, President
7061 Old Kings Rd S #47
Jacksonville, Fl 32217-2914**

**Homestead Studio, Inc.
Rick Grant, President
7061 Old Kings Rd S #47
Jacksonville, Fl 32217-2914**



21	2. Principal Place of Business	26	26
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
03/12/1980	04/17/1995
4. FEI Number	Applied For / Not Applicable
59-2097207	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Homestead Studio, Inc. Rick Grant, President 7061 Old Kings Rd S #47 Jacksonville, Fl 32217-2914		RICK GRANT 7061 OLD KINGS ROAD S #47 JACKSONVILLE, FL 32217-2914	
81	N	82	S
83		83	
84	C	85	Zip Code

Pls → 5/14/96 CORRECTED →

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ 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	LEBO, ELAINE	1.2 NAME	
STREET ADDRESS	7061 Old Kings Rd S #47	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32217-2914	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, RICHARD M.	2.2 NAME	
STREET ADDRESS	7061 Old Kings Rd S #47	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32217-2914	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

BL JRP \$200.00

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 attached sheet with an address.

SIGNATURE: *Richard M. Grant* **RICHARD M. GRANT**
PRESIDENT

4/30/96 (904) 230-2639
DATE PHONE #

CR2E034 (12/95)