FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **665370** **(3)**

1. Corporation Name

~~TATALIAS ENTERPRISES, INC.~~
HOME & LEISURE PUBLISHING, INC.

Principal Place of Business	Mailing Address
943 HIGHWAY 41 SOUTH. BLDG. 2 INVERNESS FL 34450	943 HIGHWAY 41 SOUTH. BLDG. 2 INVERNESS FL 34450

3. Date Incorporated or Qualified: 04/02/1980
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business	2a. Mailing Address
21 3851 W Northcrest Ct	26 P O Box 968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lecanto, FL	City & State 28 Lecanto, FL
Zip / Country 24 34461 / 25 Citrus	Zip / Country 29 34460-0968 / 30 Citrus

4. FEI Number: 59-1978857 ☐ 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

TATALIAS, PATRICIA
10544 E GOBBLER DR
FLORAL CITY FL 32636

10. Name and Address of New Registered Agent

81 Name: GAUDETTE, PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable): 3851 W NORTHCREST CT
83
84 City: LECANTO **FL** 85 Zip Code: 34461

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TATALIAS, PATRICIA 10544 E GOBBLER DR FLORAL CITY FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD GAUDETTE, PATRICIA 3851 W NORTHCREST CT LECANTO, FL 34461 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP GAUDETTE, GERARD G. 3851 W NORTHCREST CT LECANTO, FL 34461 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Patricia Gaudette, President 3/21/96 352/726-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #