

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra D. Morfitt, Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

95 MAY -1 AM 9:14

DOCUMENT # *F65171*

1. Corporation Name
Southern Homepelt Co, Inc.

Principal Place of Business
3755 Poinciana Dr

Mailing Address
Lake Worth FL 33467-01605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Same</i>	2a. Mailing Address <i>Same</i>
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified <i>1983</i>	3a. Date of Last Report <i>1994</i>
4. FEI Number <i>59-216-1636</i>	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

Jack N. Gould
3755 Poinciana Dr
Lake Worth FL 33467-01605

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	

11. Pursuant to the provisions of Sections 607.0509 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 *Jack N. Gould* Pres. *5/4/95*

12. OFFICERS AND DIRECTORS

TITLE	<i>Jack N. Gould, Pres</i>
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<i>Bertie Sand S'ly.</i>
NAME	
STREET ADDRESS	
CITY ST ZIP	
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

1.1 TITLE	<i>President</i>	☐ Change ☐ Addition
1.2 NAME	<i>Same as above</i>	
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE	<i>Secretary</i>	☐ Change ☐ Addition
2.2 NAME	<i>Same as above</i>	
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), 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: *Jack N. Gould* *5/4/95*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1