

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 # F77761 (7)

1. Corporation Name

HOMEOWNERS WAREHOUSE, INC.



Principal Place of Business

7100 SERVICE MERCHANDISE DR  
P. O. BOX 24600  
NASHVILLE TN 37202

Mailing Address

7100 SERVICE MERCHANDISE DR  
P. O. BOX 24600  
NASHVILLE TN 37202

3. Date Incorporated or Qualified

04/21/1982

3a. Date of Last Report

04/24/1995

4. FEI Number

62-1168492

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 the state available

(Name of Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE

NAME  
COBD  
ZIMMERMAN, RAYMOND  
STREET ADDRESS  
7100 SVC MERCHANDISE DR  
CITY-ST-ZIP  
BRENTWOOD TN

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
S  
BODZY, GLEN  
STREET ADDRESS  
7100 SVC MERCHANDISE DR  
CITY-ST-ZIP  
BRENTWOOD TN

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VP  
CUSANO, SAM  
STREET ADDRESS  
7100 SVC MERCHANDISE DR  
CITY-ST-ZIP  
BRENTWOOD TN

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
T  
ADAMS, DONNA (ASST.)  
STREET ADDRESS  
7100 SVC MERCHANDISE DR  
CITY-ST-ZIP  
BRENTWOOD TN

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
PD  
WITKIN, GARY  
STREET ADDRESS  
7100 SVC MERCHANDISE DR  
CITY-ST-ZIP  
BRENTWOOD TN

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Donna M. Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna M. Adams

Date:

615-660-3302  
Daytime Phone #

CR2E034 (12/95)