

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:29

DOCUMENT # **F94000002485 (0)**

1. Corporation Name

HOME BUYERS WARRANTY CORPORATION

Principal Place of Business

**2675 S. ABILENE ST.
AURORA CO 80014**

Mailing Address

**2675 S. ABILENE ST.
AURORA CO 80014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1994

3a. Date of Last Report

4. FEI Number

84-0933217

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

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
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 John if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MABRY, GARY
STREET ADDRESS	1728 MONTREAL CIR.
CITY, ST, ZIP	TUCKER GA 30084
TITLE	VD
NAME	NAIL, CHARLES
STREET ADDRESS	1728 MONTREAL CIR.
CITY, ST, ZIP	TUCKER GA 30084
TITLE	SD
NAME	CONNELLY, KATHLEEN
STREET ADDRESS	2675 S. ABILENE ST.
CITY, ST, ZIP	AURORA CO 80014
TITLE	TD
NAME	LIKES, I. LEROY
STREET ADDRESS	2675 S. ABILENE ST.
CITY, ST, ZIP	AURORA CO 80014
TITLE	D
NAME	HOLDEN, RALPH
STREET ADDRESS	2675 S. ABILENE ST.
CITY, ST, ZIP	AURORA CO 80014
TITLE	D
NAME	BONHAM, ROBERT
STREET ADDRESS	2313 N. ATLANTIC BLVD.
CITY, ST, ZIP	POMPANO BEACH FL 33062

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 liquidator 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 addition with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I. LEROY LIKES

3/29/95

(303) 368-4805