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 # **F94000002485 (0)**

1. Corporation Name

HOME BUYERS WARRANTY CORPORATION

Principal Place of Business	Mailing Address
2675 S. ABILENE ST. AURORA CO 80014	2675 S. ABILENE ST. AURORA CO 80014

3. Date Incorporated or Qualified: **05/12/1994**

3a. Date of Last Report: **04/04/1995**

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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and the date of signing — NOTE: Registered Agent's signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MABRY, GARY		1.2 NAME		
STREET ADDRESS	1728 MONTREAL CIR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TUCKER GA 30084		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NAIL, CHARLES		2.2 NAME		
STREET ADDRESS	1728 MONTREAL CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TUCKER GA 30084		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	CONNELLY, KATHLEEN		3.2 NAME		
STREET ADDRESS	2675 S. ABILENE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	AURORA CO 80014		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	Treasurer/Secretary/Director	☒ Change ☐ Addition
NAME	LIKES, I. LEROY		4.2 NAME		
STREET ADDRESS	2675 S. ABILENE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	AURORA CO 80014		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOLDEN, RALPH		5.2 NAME		
STREET ADDRESS	2675 S. ABILENE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	AURORA CO 80014		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BONHAM, ROBERT		6.2 NAME		
STREET ADDRESS	2313 N. ATLANTIC BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		6.4 CITY-ST-ZIP		

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)(i), 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: _____ 4/15/96 (303)368-4805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J. LEROY LIKES Treasurer/Secretary/Director