

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

**APPROVED  
AND  
FILED**

**95 MAY -1 PH 3:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**200001482652  
-05/10/95--01065--003  
\*\*\*\*200.00 \*\*\*\*200.00**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # J87307 (1)**

1. Corporation Name  
**THE HOUSING CONNECTION, INC.**

Principal Place of Business Mailing Address

**% LINDA I. WHITED  
7161 COLLEGE PARKWAY, SUITE 18  
FT. MYERS FL 33907**

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7161 COLLEGE PARKWAY, SUITE 18  
FT. MYERS FL 33907**

3. Date Incorporated or Qualified **08/10/1987** 3a. Date of Last Report **10/05/1994**

4. FEI Number **59-2851798** Applied For  Not Applicable

5. Certificate of Status Cleared  **\$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. 198.05, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt # etc

22 City & State 27 City & State

23 City & State 28 City & State

24 County 25 County 29 County 30 County

9. Name and Address of Current Registered Agent

**WHITED, LINDA I.  
1022 CLEVELAND AVE. N.  
LEHIGH ACRES FL 33936**

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 607.0602 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 *Sandra B. Mathiam* **5-1-95**

12. OFFICERS AND DIRECTORS

|                |                                |
|----------------|--------------------------------|
| TITLE          | <b>D</b>                       |
| NAME           | <b>WHITED, LINDA I.</b>        |
| STREET ADDRESS | <b>1022 CLEVELAND AVE. N.</b>  |
| CITY, ST, ZIP  | <b>LEHIGH ACRES FL</b>         |
| TITLE          | <b>D</b>                       |
| NAME           | <b>WHITED, RUSS LEE</b>        |
| STREET ADDRESS | <b>1022 CLEVELAND AVE., N.</b> |
| CITY, ST, ZIP  | <b>LEHIGH ACRES FL</b>         |
| TITLE          | <b>D</b>                       |
| NAME           | <b>WHITED, TIFFANY DAWN</b>    |
| STREET ADDRESS | <b>1022 CLEVELAND AVE., N.</b> |
| CITY, ST, ZIP  | <b>LEHIGH ACRES FL</b>         |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY, ST, ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY, ST, ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY, ST, ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY, ST, ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY, ST, ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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)(a), 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 the 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 my address.

SIGNATURE: *Sandra B. Mathiam* **5-1-95** **813-275-8484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date State Phone #