

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K56855

(5)

1. Corporation Name

HOME DIRECT USA, INC.

APPROVED
AND
FILED

95 MAY -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8421 BAYMEADOWS WAY
SUITE TWO
JACKSONVILLE FL 32256
US

Mailing Address

8421 BAYMEADOWS WAY
SUITE TWO
JACKSONVILLE FL 32256
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/10/1989

3a. Date of Last Report

07/18/1994

4. FEI Number

59-2927553

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. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 5040 ST. AUGUSTINE RD

2a. Mailing Address

26 P.O. BOX 5028

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE, FL

Zip

24 32207

Country

25 DUVAL

Zip

29 32247-5028

Country

30 DUVAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NILL, C. JOHN
8421 BAYMEADOWS WAY
SUITE TWO
JACKSONVILLE FL 32256

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME NILL, C. JOHN
STREET ADDRESS 8421 BAYMEADOWS WAY, STE. TWO
CITY-ST-ZIP JACKSONVILLE FL

TITLE S
NAME GRAHAM, SHIRLEY C.
STREET ADDRESS 8421 BAYMEADOWS WAY, STE. TWO
CITY-ST-ZIP JACKSONVILLE FL

TITLE
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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4827 WINDRUSH LANE
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1285 MAYFAIR ROAD
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: Shirley S. Graham, Secretary SHIRLEY S. GRAHAM 4/26/95 904-398-7845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed