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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthaffi

Secretary of State DIVISION OF CORPORATIONS

1996

City & State

HINES, JAMES P.

TAMPA FL 33606

315 HYDE PARK AVE

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City & State

1. Corporation Name	901 (0)		
HOMEOWNER'S CHOICE CO	CRETE CO.		
Principal Place of Business	Mailing Address		
B207 ROYAL SAND CIRCLE. #103 TAMPA FL 33615	8207 ROYAL SAND CIRCLE. #103 TAMPA FL 33615		
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		

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9. Name and Address of Current Registered Agent

\$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees B. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No Country 10. Name and Address of New Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) 82 83 Zip Code

3. Date Incorporated or Qualified 02/01/1989

59-2928805

4. FEI Number

3a. Date of Last Report

05/01/1995

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Applied For

Not Applicable

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

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SIGNATURE _	Signaliste: Typed or profile tinashi, of registered egent and fi	tartana ania. (Na)	Le Facepolinald Agent signature required	what recording DATE	
12.			13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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NAME	SAUNBY, ROBERT A.		1.2 NAME		
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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

SIGNATURE:

ING OFFICER OR DIRECTOR

2/22/96

813-949-3300

CR2E034 (12/95)