SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 1997 DOCUMENT #

Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

L51080

Country

9. Name and Address of Current Registered Agent

25

HAMMOND, KENNETH E

(4)

HOMEPRO TAMPA BAY, INC.

TOTAL TO THE PARTY IN					
Principal Place of Business					
% KENNETH E. HAMMOND P.O. BOX 1181 SAN ANTONIO FL 33576	% KENNETH E. HAMMOND P.O. BOX 1161 SAN ANTONIO FL 33576	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualified 02/14/1990		3a. Date of Last Report 09/24/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number			Applied For
21	26	59-2990035			Not Applica
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired			75 Additional se Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution			.00 May Be

6195 HWY. 41 NORTH 82 Stree DADE CITY FL 33525 83

29

Zip

	Trust Fi	und Contribution	l		Added	to Fees
	1 '	rporation owes o al Property Tax o			nt year Ir Yes	ntangible No
	10. Name	and Address of	New Regi	stered Ag	ent	
e	Kenne	the)	Jun	mon		
et Addr	ess (P.O. Box 33 \&-C	Number is Not		cr		

FILED

Aug 15 1997 8:00am

Secretary of State

Applied For Not Applicable

Country

81 Nam

30

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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if ap	plicable (NOTE: F	legistered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME	HAMMOND, KENNETH E		1.2 NAME			
STREET ADDRESS	13040 N. CURLEY ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	SAN ANTONIO FL 33576		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME	VOORHEES, EDWARD J		2.2 NAME			
STREET ADDRESS	18407 AINTREE CT.		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition ☐		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE1 ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	_	☐ DELETÊ	5.1 TITLE	☐ Change ☐ Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME	1		6.2 NAME			
STREET ADDRESS	1 € 1		6.3 STREET ADDRESS			
CITY. ST. 7IP	1 .5		64 City - St - ZiP			

14. I do hereby certify that the information supplied with this filing 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.

120/200