

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17379 (1)
1. Corporation Name
FLORIDA HOMESTEAD DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
C/O T. WILLARD FAIR 8500 N.W. 25TH AVENUE MIAMI FL 33147
C/O T. WILLARD FAIR 8500 N.W. 25TH AVENUE MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/17/1986 3a. Date of Last Report 07/12/1994
4. FEI Number 65-0205905 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAIR, T. WILLARD
8500 N.W. 25TH AVENUE
MIAMI FL 33147

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME EPPINGER, JEROME
STREET ADDRESS 708-12 S.W. 6TH AVE.
CITY - ST - ZIP HOMESTEAD FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE D
NAME ROBINSON, JESSIE
STREET ADDRESS 708-12 S.W. 6TH AVE.
CITY - ST - ZIP HOMESTEAD FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE D
NAME BROWN, JOSEPH
STREET ADDRESS 708-12 S.W. 6TH AVE.
CITY - ST - ZIP HOMESTEAD FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE D
NAME BRYANT, CONNIE
STREET ADDRESS 708-12 S.W. 6TH AVE.
CITY - ST - ZIP HOMESTEAD FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE P
NAME FAIR, T. WILLARD
STREET ADDRESS 708-12 S.W. 6TH AVE.
CITY - ST - ZIP HOMESTEAD FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE D
NAME GREEN, ALEXANDER
STREET ADDRESS 708-12 S.W. 6TH AVENUE
CITY - ST - ZIP HOMESTEAD FL

61 TITLE ☐ Change ☐ 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Chapter 617, Florida Statutes