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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
97 FEB 24 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001865 (3)

1. Corporation Name

H.M. EXTENDED SERVICES INC.

Principal Place of Business

1101 NW 39TH AVE.
A-4
GAINESVILLE FL 32605

Mailing Address

PO BOX 141582
GAINESVILLE FL 32614-1582

3. Date Incorporated or Qualified
04/19/1995

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 410 SE 4th AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 141582
Suite, Apt. #, etc.

22 City & State
B Gainesville FL

27 City & State
Gainesville FL

23 Zip

24 32601

Country

25 USA

28 Zip

29 32614

Country

30 USA

4. FEI Number

APPLIED FOR 59-3325225

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THOMAS, FRANCES R
5401 SW 62ND AVE
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

James Sibrey

82 Street Address (P.O. Box Number is Not Acceptable)

1030 10th St NW 1031 NW 6th St #83

83 City

P.O. Box 141582

84 City

Gainesville

FL

85 Zip Code

32601

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

James M. Sibrey
Signature typed or printed name of registered agent, if not applicable

(NOTE: Registered Agent signature required when reinstating)

2/24/97

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE
NAME MILES, HAROLD
STREET ADDRESS PO BOX 1415821, N/A
CITY-ST-ZIP GAINESVILLE FL

TITLE TD ☐ DELETE
NAME MILES, CASSANDRA
STREET ADDRESS PO BOX 1415821, N/A
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE
NAME WILLIAMS, CELIA
STREET ADDRESS 19 SE 49T DR
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE T/S/D ☒ Change ☐ Addition
2.2 NAME Harris, Cassandra
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE M/D ☒ Change ☐ Addition
3.2 NAME Cecilia Williams
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James M. Sibrey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #0011338

(904) 4548531

CR2E037 (9/96)