

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:51

DOCUMENT # **P11855** (4)
1. Corporation Name
HOME QUARTERS WAREHOUSE, INC.

Principal Place of Business: **P O BOX 8550 VIRGINIA BEACH VA 23450**
Mailing Address: **P O BOX 8550 VIRGINIA BEACH VA 23450**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1986**
3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		54-1387161		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 date of appointment

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCZI, FRANK	12 NAME	
STREET ADDRESS	575 LYNNHAVEN PKWY	13 STREET ADDRESS	
CITY- ST- ZIP	VIRGINIA BEACH VA	14 CITY- ST- ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHINGER, JOHN W	22 NAME	
STREET ADDRESS	575 LYNNHAVEN PKWY.	23 STREET ADDRESS	
CITY- ST- ZIP	VIRGINIA BCH. VA	24 CITY- ST- ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, H.R.	32 NAME	
STREET ADDRESS	575 LYNNHAVEN PKWY	33 STREET ADDRESS	
CITY- ST- ZIP	VIRGINIA BCH. VA	34 CITY- ST- ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAND, W CLARK	42 NAME	
STREET ADDRESS	575 LYNNHAVEN PKWY	43 STREET ADDRESS	
CITY- ST- ZIP	VIRGINIA BCH VA	44 CITY- ST- ZIP	
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOD M P	52 NAME	
STREET ADDRESS	575 LYNNHAVEN PKWY	53 STREET ADDRESS	
CITY- ST- ZIP	VIRGINIA BCH. VA	54 CITY- ST- ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTORE, J M	62 NAME	
STREET ADDRESS	575 LYNNHAVEN PKWY	63 STREET ADDRESS	
CITY- ST- ZIP	VIRGINIA BCH. VA	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 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:

M.P. Good

M.P. Good

3/15/95

(804) 498-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number