FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000067397 (8)**

1. Corporation Name

NEW HOME CONNECTION, INC.

Principal Place of Business	Mailing Address
4400 BAYOU BLVD SUITE 40 PENSACOLA FL 32503 US	8205 POMPANO ST. NAVARREE FL 32566 US

3. Date Incorporated or Qualified: 09/22/1993

3a. Date of Last Report: 08/01/1995

2. Principal Place of Business 21	4400 BAYOU BLVD
Suite, Apt. #, etc. 22	SUITE 40
City & State 23	
Zip 24 / Country 25	
2a. Mailing Address 26	
Suite, Apt. #, etc. 27	
City & State 28	
Zip 29 / Country 30	

4. FEI Number: 59-3204259 — ☐ 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 nonrecoverable tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KONOPKA, DENNIS E
1551 VIA DE LUNA
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 8205 POMPANO ST

83 NAVARRE, FL

84 City: FL — 85 Zip Code: 32566

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 _____ DATE

Signature(s) typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature is required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	KONOPKA, DENNIS E		1.2 NAME	
STREET ADDRESS	1551 VIA DE LUNA		1.3 STREET ADDRESS	8205 POMPANO ST
CITY-ST-ZIP	GULF BREEZE FL 32561		1.4 CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VSTD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	KONOPKA, PATRICIA M		2.2 NAME	
STREET ADDRESS	1551 VIA DE LUNA		2.3 STREET ADDRESS	8205 POMPANO ST
CITY-ST-ZIP	GULF BREEZE FL 32561		2.4 CITY-ST-ZIP	NAVARRE, FL 32566
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 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: _____ 5/24/96 904-476-6764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DENNIS E KONOPKA, PRES