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

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** POARRORANIES IN

, Corporation Name	3+00000000	$(\mathbf{O})$
HOUSE ENTERPRISE, I	NC.	

Mailing Address Principal Place of Business HWY 270 PO BOX 1505 GREENSBORO FL **OUINCY FL 32353** 3a. Date of Last Report 3. Date Incorporated or Qualified 01/04/1994 05/01/1995 2. Principal Place of Business Applied For 2a. Mailing Address 59-3261462 Not Applicable 21 26 Suite Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRAVIS, ROBERT L JR Street Address (P.O. Box Number is Not Acceptable) 82 16 N ADAMS ST 83 QUINCY FL 32351 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, typest or printed has in of registered up at all title if assiciative CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. [ ] DELETE Add tion 1 1 TOTLE TILLE NAME YOUSE, JOHNNIE JR 1.2 NAME STREET ADDRESS **HWY 270** 1.3 STREET ADDRESS GREENSBORO FL 32330 CHY-ST-ZIP 1.4 CITY - \$1 - ZIP DELE IE ☐ Change ☐ Addition TITLE 2 1 TallE 2.2 NAM: NAME STREET ADDRESS 2.3 STREET ADDRESS 24 OFFY ST ZIP CITY - ST - ZIP Change Addition DELETE TITLE 3.1 Title E 3.2 NAME NAME 3.3 STREET ADDRESS STREET AUDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP [ ] DELETE Change Add-tion 4 1 TILLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CHY - ST - ZIF 5-1-96 8W [ ] DELETE 5 1 Till E TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7/P CITY-ST-ZIP 000001841950 -05/29/96--01020--030 \*\*\*400.00 Addition DELETE TITLE 6 1 Till E 6.2 NAME NAME

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 logal effect as it 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

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY ST-2IP

JOHNNELHOUSE JR 5-1-96