

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000061266 (0)

1. Corporation Name

THERE'S NO PLACE LIKE HOME INC.



Principal Place of Business

Mailing Address

1780 DOYLE RD  
STE4  
DELTONA FL 32725  
US

1780 DOYLE RD  
STE 4  
DELTONA FL 32725  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1701-C DOYLE RD

Suite, Apt. #, etc.

22 City & State

23 DELTONA, FL

24 Zip

32725

Country

25 USA

2a. Mailing Address

26 1701-C DOYLE RD

Suite, Apt. #, etc.

27 City & State

28 DELTONA, FL

Zip

29 32725

Country

30 USA

9. Name and Address of Current Registered Agent

HILBERT, STEPHEN A  
1113 TYLER LAKE CIRCLE  
ORLANDO FL 32839

3. Date Incorporated or Qualified

08/16/1994

4. FEI Number

56-3261846

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

HILBERT, STEPHEN A

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

83

159 AZALEA RD

84 City

DEBARY

FL

85 Zip Code

32713

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

Stephen A. Hilbert - Change of address

4-13-98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME HILBERT, STEPHEN A.  
STREET ADDRESS 1113 TYLER LAKE CIRCLE  
CITY-ST-ZIP ORLANDO FL  
☒ DELETE  
CHANGE TO

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME HILBERT, STEPHEN A  
1.3 STREET ADDRESS 159 AZALEA RD  
1.4 CITY-ST-ZIP DEBARY, FL 32713  
☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I 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 607, Florida Statutes; and that my name appears in  
Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Stephen A. Hilbert

4-13-98

159 AZALEA RD

CR2E034 (10/97)