FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 26 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000066115 (4)**

1. Corporation Name
HOMAN-GAY, INC.

Principal Place of Business	Mailing Address
533 NORTH NOVA ROAD STE. 115 ORMOND BEACH FL 32324	533 NORTH NOVA ROAD STE. 115 ORMOND BEACH FL 32324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 343 Bill France Blvd.
22: Suite, Apt. #, etc.
23: City & State: Daytona Beach, FL.
24: Zip: 32114
25: County: Volusia

2a. Mailing Address
26: 508 CROOKED STICK
27: Suite, Apt. #, etc.
28: City & State: DAYTONA Beach, FL.
29: Zip: 32114
30: County: Volusia

4. FEI Number: 59-3266803 ☐ 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, JOSEPH P SR
533 NORTH NOVA ROAD STE. 115
ORMOND BEACH FL 32324

10. Name and Address of New Registered Agent

81 Name: AMANDA S. HOMAN
82 Street Address (P.O. Box Number Is Not Acceptable): 508 CROOKED STICK
83:
84 City: DAYTONA BEACH FL 85 Zip Code: 32114

11. Pursuant to the provisions of [illegible] 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. The above-named registered agent is familiar with and accepts the appointment as registered agent and agrees to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am 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] 3/13/95
(Attach list of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P Amanda S. Homan 508 Crooked Stick Daytona Beach, FL. 32114	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	V.P. Hariett D. GAY 745 Shaw Lake Rd. Pierson, FL. 32180	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Amanda Homan 3/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010000 CP