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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000072116 (4)**

1. Corporation Name

HOME REALTY, INC.

Principal Place of Business	Mailing Address
499 N STATE RD 434 SUITE 2149 ALTAMONTE SPRINGS FL 32714	499 N STATE RD 434 SUITE 2149 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: **09/30/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 309 Orange Street
22: Suite, Apt. #, etc.
23: City & State: Lady Lake, Florida
24: Zip: 32159
25: Country: Lake

2a. Mailing Address
26: 309 Orange Street
27: Suite, Apt. #, etc.
28: City & State: Lady Lake, Florida
29: Zip: 32159
30: Country: Lake

4. FEI Number: **59-3274851** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PALUMBO, JOHN
499 N STATE RD 434
SUITE 2149
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: John Palumbo
82 Street Address (P.O. Box Number is Not Acceptable): 309 Orange, Street
83:
84 City: Lady Lake, Fl **FL** 85 Zip Code: 32159

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: John Palumbo DATE: 4-25-96
Signature, typed or printed name of individual agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALUMBO, JOHN 499 N STATE RD 434 SUITE 2149 ALTAMONTE SPRINGS FL 32714	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Palumbo, John 309 Orange Street Lady Lake, FL 32159	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, JONNY A SR. 499 N STATE RD 434 SUITE 2149 ALTAMONTE SPRINGS FL 32714	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Moore, Jonny A. Sr. 309 Orange Street Lady Lake, FL 32159	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, JONNY A JR. 499 N STATE RD 434 SUITE 2149 ALTAMONTE SPRINGS FL 32714	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Moore, Jonny A. Jr. 309 Orange Street Lady Lake, FL 32159	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 any attachment with an address.

SIGNATURE: John Palumbo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96
Date

904-753-2382
Daytime Phone #