

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 28 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080408 (5)

1. Corporation Name

HEALTHY HOMECOMINGS, INC.

Principal Place of Business

**4403 OAK VIEW DR.
SARASOTA FL 34232**

Mailing Address

**4403 OAK VIEW DR.
SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

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

65-0534651

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

**GERRITY, ABBY
4403 OAK VIEW DR.
SARASOTA FL 34232**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Abby L. Gerrity

(NOTE: Registered Agent signature required when reappointing)

2/28/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GERRITY, ABBY
STREET ADDRESS	4403 OAK VIEW DR.
CITY - ST - ZIP	SARASOTA FL 34232
TITLE	D
NAME	GERRITY, RICHARD
STREET ADDRESS	4403 OAK VIEW DR.
CITY - ST - ZIP	SARASOTA FL 34232
TITLE	D
NAME	LEE, JULIE
STREET ADDRESS	4448 BAYCEDAR LANE
CITY - ST - ZIP	SARASOTA FL 34241
TITLE	D
NAME	LEE, TIM
STREET ADDRESS	4448 BAYCEDAR LANE
CITY - ST - ZIP	SARASOTA FL 34241
TITLE	D
NAME	HAMMERSLEY, SUSANNAH
STREET ADDRESS	4801 TRAILS DR.
CITY - ST - ZIP	SARASOTA FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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, as changed, or on an attachment with an address.

SIGNATURE:

Abby L. Gerrity

2/28/95

813 9218044

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #