

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

\*PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000009419 (9)

1. Corporation Name

NATIONAL HOME MINDERS, INC.

Principal Place of Business

46 N WASHINGTON BLVD #1  
SARASOTA FL 34236

Mailing Address

46 N WASHINGTON BLVD #1  
SARASOTA FL 34236-5977

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PATERSON, JOHN  
46 N WASHINGTON BLVD #1  
SARASOTA FL 34236

3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

03/12/1996

4. FEI Number

65-0565556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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

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 ☐ DELETE

NAME  
DC  
MCGIFFEN, JOHN W.  
STREET ADDRESS  
109 OVERLEA WAY  
CITY - ST - ZIP  
VENICE FL

TITLE ☐ DELETE

NAME  
DPAS  
EDSEL, EDWARD  
STREET ADDRESS  
109 OVERLEA WAY  
CITY - ST - ZIP  
VENICE FL

TITLE ☐ DELETE

NAME  
DVPY  
CHAMBERLAIN, FRED  
STREET ADDRESS  
109 OVERLEA WAY  
CITY - ST - ZIP  
VENICE FL

TITLE ☐ DELETE

NAME  
S  
EGGLESTON, SUSAN  
STREET ADDRESS  
109 OVERLEA WAY  
CITY - ST - ZIP  
VENICE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

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 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]*

FILED  
May 14 1997 8:00am  
Secretary of State



700002190597  
-05/27/97--01003--028  
\*\*\*61.25

(941) 497-4786

CR2E034 (9/96)