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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000015965 (3)**

1. Corporation Name

HOMESTEAD FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
498 NE RED ROCK CT PORT ST LUCIE FL 34983	498 NE RED ROCK CT PORT ST LUCIE FL 34983

3. Date Incorporated or Qualified: 02/27/1995 | 3a. Date of Last Report:

2. Principal Place of Business
21: 2000 S.E Pt St. Lucie Blvd
22 Suite, Apt. #, etc.: E
23 City & State: Pt. St. Lucie, Fl.
24 Zip: 34952 | 25 Country: USA

2a. Mailing Address
26: 2000 S.E. Pt St. Lucie Blvd.
27 Suite, Apt. #, etc.: E.
28 City & State: Pt St. Lucie, Fl
29 Zip: 34952. | 30 Country:

4. FEI Number: 59-3298315 | 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

RICHEY, CAHTY S
498 NE RED ROCK CT
PORT ST LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name: Cathy S. Richey
82 Street Address (P.O. Box Number is Not Acceptable): 2000 SE Pt. St. Lucie Blvd.
83: Suite E
84 City: Pt. St. Lucie, | FL | 85 Zip Code: 34952

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: Cathy S. Richey (Signature of Typed or Printed Name of Registered Agent and Title of Officer, if applicable) 8-2-96 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHEY, CATHY S 498 NE RED ROCK CT PORT ST LUCIE FL 34983 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ☐ Change ☒ Addition Chapman, Allan V. 2000 SE Pt. St. Lucie Blvd. #E Pt. St. Lucie, Fl. 34952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ 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 an attachment with an address.

SIGNATURE: Allan V. Chapman 8-2-96 (407) 337-4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #