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FILED
Aug 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000015965 (3)

1. Corporation Name

HOMESTEAD FINANCIAL SERVICES, INC.



Principal Place of Business

2000 SE PT. ST. LUCIE BLVD
SUITE E
PORT ST. LUCIE FL 34952
US

Mailing Address

2000 SE PT. ST. LUCIE BLVD
STE 2
PORT ST. LUCIE FL 34952
US

2. Principal Place of Business

21 2585 SE FLORESTA DR.

Suite, Apt. #, etc.

22

City & State

23 PT ST LUCIE, FL.

Zip

Country

24 34984

25

USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

08/09/1996

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, CATHY S.
2000 SE PT ST. LUCIE BLVD
SUITE E
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name ALAN V CHAPMAN
82 Street Address (P.O. Box Number is Not Acceptable)
2585 SE FLORESTA DR.
83
84 City PT ST LUCIE FL 85 Zip Code 34984

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ~~DELETE~~

NAME RICHEY, CATHY S
STREET ADDRESS 498 NE RED ROCK CT
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE D ☐ DELETE

NAME CHAPMAN, ALLAN V.
STREET ADDRESS 2000 SE PT. ST. LUCIE BLVD, #E
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PRESIDENT/DIRECTOR ☒ 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 registered agent 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 7/28/97 231-7752

CR2E034 (9/96)