**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000027026

HOMETOWN REALTY OF LEHIGH ACRES, INC. Janice Robinson- Davis P. A

Principal Place of Business	Mailing Ad
411 LEE BLVD.	PO BOX 36
LEHIGH ACRES EL 23036	LEHIGH ACS

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90025 001 \*\*\*150.00



LEHIGH ACRES	FL 33936		LEHIGH ACRES FL 33970			DO NOT WRITE IN THIS SPACE .  3. Date Incorporated or Qualified						
		•					04/05/1995					
2. Principal Pl	. Principal Place of Business 2a. Mailing Address						4, FEI Number			Applied Fo		
21 26							65-0657092			Not Applie		
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status D	esired 🔲		5 Addition		
22 27										<u>_</u>		
City & State			City & State				6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23 28				Zip Country						ed 10 Fees		
Zip	25	Country	29 30				8, This corporation owes the current year Intangible Personal Property Tax.   ☑ Yes ☐ No					
24		Address of Current		<u> </u>	10, Name and Address of New Registered Agent							
	J. Hamo and	- Addition		81	Na	ame					-	
DAVI	S-ROBINSON,	JANICE			-		(D.O. Boy Number in No	t Assestable)		<del></del>		
127 DANIA CIR.				82	51	reet Addres	ss (P.O. Box Number is No	. Acceptable)	•			
LEHI	GH ACRES FL	. 33936		83	1							
	••	•			Ļ				- taat -	lle Ondo		
				84	Ci	ity		FL	85 2	ip Code		
11. Pursuant	to the provisions	of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-na	med corpor	ration submits this statemen	nt for the purpose of	changing	its registe	red	
office or re	eaistered agent.	or both, in the State o	ons of, Section 607.0505, Florida Statutes of Florida. Such change was authors of, Section 607.0505, Florida	horized by	the	corporation	's board of directors. I here	by accept the appoi	intment as	s registered	'	
<del>-</del>	ili tatimai wini, c	and accept the obligation	ono di, occion oci loco, i lona		•							
SIGNATURE	Signature, typed or pr	inted name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt sign	ature required w	when reinstating)	DATE				
12.		OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGE	S TO OFFICERS AN				
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NAME	ROBINSON-D	DAVIS, JANICE E		1.2 NAME		ļ					ļ	
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STREET ADDRESS				6.3 STREE	T ADD	RESS		•			Ì.	

CITY-ST-ZIP 14. I 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, with all other like empowered.

**SIGNATURE:** 

