

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000027273 (8)

1. Corporation Name
HOME TOWN ALL SERVICES, INC.

Principal Place of Business
13180 SW 28TH COURT
DAVIE FL 33330

Mailing Address
13180 SW 28TH COURT
DAVIE FL 33330-1227



3. Date Incorporated or Qualified 04/03/1995
3a. Date of Last Report 03/21/1996

2. Principal Place of Business
21 9071 N.W. 11 Ct.
Suite, Apt. #, etc.

2a. Mailing Address
26 9071 N.W. 11 Ct.
Suite, Apt. #, etc.

4. FEI Number 65-0577688
Applied For
Not Applicable

22 City & State
23 Plantation, FL
24 Zip 33322 25 Country

27 City & State
28 Plantation, FL
29 Zip 33322 30 Country

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

DURHAM, BRAD L
13180 SW 28TH COURT
DAVIE FL 33330

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 9071 N.W. 11 Ct.
84 City Plantation
85 Zip Code FL 33322

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	P	<input type="checkbox"/> DELETE
NAME	DURHAM, BRAD LEE	
STREET ADDRESS	13180 SW 28 COURT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	DURHAM, KIMBERLY	
STREET ADDRESS	13180 SW 28 COURT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SUMMERS, RONALD	
STREET ADDRESS	2 TRUMAN DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9071 N.W. 11 Ct.
1.4 CITY-ST-ZIP	Plantation, FL 33322
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9071 NW 11 Ct.
2.4 CITY-ST-ZIP	Plantation, FL 33322
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 unchanged, or on an attachment with an address.

SIGNATURE:

Kimberly A. Durham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97 (954) 424-7729
Date Daytime Phone #

CR2E034 (9/96)