**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

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

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000031229

SIGNATURE HOME FOURTY SERVICES, INC

SIGNATU	HE HOME EQUITY SERVICE	:3, INC:						
Principal Place	of Business	Mailing Address						
1173 CASSAT AVE JACKSONVILLE FL 32205  1173 CASSAT AVE JACKSONVILLE FL 32205			<b>)</b> 5			DO NOT WRITE IN THIS	SPACE	
		i				3. Date Incorporated or Qualifed 04/17/1995	147.5	
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number		Applicable
_		26				59-3306839	\$8.75 Ac	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Req	
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution  \$5.00 May Be Added to Fees		
23		28 ·	Zip Country			This corporation owes the current year Intangible		
Zip ´	Country	29	30	,		Personal Property Tax.	∐Yes _L	∐No
24	9. Name and Address of Current		1001			10. Name and Address of New Registered	Agent	
				81	Name			
KUKELHAN, SCOTT A 3891 MAIN ST				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MIDDLEBURG FL 32068				83		· 學學學學		
				84	1 ' '			
44 Dureuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida St	atutes, the a	bov	e-named corp	poration submits this statement for the purpose of	changing its o	egistered
office or r agent. I a	egistered agent, or both, in the State of m familiar with; and accept the obligat	of Florida. Such change with the solutions of, Section 607.0505	as authorize , Florida Sta	d by tutes	the corporate	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	mmont do rog	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (	NOTE: Registere	d Age	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	P	☐ DELET	E 1.1 T	ITLE			Change	☐ Addition
NAME.	KUKELHAN, SCOTT	•	1.2 N	IAME	İ	•		
STREET ADDRESS	AAAA MANNI AT		1.3 9	TREE	T ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL 32068			CITY-8	ST-ZIP		☐ Change	Addition
TITLE	: :;	☐ DELET	E 2.1 1	TILE		•	C] originge	
NAME	<b>\</b> `			MAME.	1			
- STREET ADDRESS			2.3 5	STREE	T ADDRESS.			د <del>مئسم بادان</del> ی
CITY-ST-ZIP				_	ST-ZiP		☐ Change	Addition
TITLE		[] DELET		TITLE			_	_
NAME				NAME		•	•	s
STREET ADDRESS	Baran Zanara				ET ADORESS			
CITY-ST-ZIP		□ DELET			ST-ZIP		Change	Addition
TITLE		☐ DELEI		TITLE		·		
NAME				NAME				
STREET ADDRESS	· ·	•		-	ET ADDRESS			
CITY-ST-ZIP		□ DELE1		city. Title	ST-ZIP		Change	Addition
TITLE			3.1	HILE				

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 CITY-ST-ZIP officer or director of the corporation Block 12 or Block 13 if changed, or

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Addition