

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000071997 (7)

1. Corporation Name

HOMES SWEET HOMES, INC.



Principal Place of Business

Mailing Address

4012 LEEANNE CIRCLE 2100 Norwood Pl  
PANAMA CITY FL 32405

4012 LEEANNE CIRCLE PO Box 16445  
PANAMA CITY FL 32405 32406-6445

3. Date Incorporated or Qualified  
09/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2100 Norwood Pl

26 PO Box 16445

4. FEI Number

Applied For

59-3350886

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Panama City FL

28 Panama City FL

Zip Country

Zip Country

24 32405

25 USA

29 32406-6445

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIPSCOMB, RICHARD C  
4012 LEEANNE CIRCLE  
PANAMA CITY FL 32405

81 Name Richard C Lipscomb (same)

82 Street Address (P.O. Box Number is Not Acceptable)  
2100 Norwood Pl

83

84 City Panama City FL 85 Zip Code 32405

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LIPSCOMB, RICHARD C  
STREET ADDRESS 4012 LEEANNE CIRCLE  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ DELETE

NAME LIPSCOMB, JILL L  
STREET ADDRESS 4012 LEEANNE CIRCLE  
CITY-ST-ZIP PANAMA CITY FL 32405

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

2100 Norwood Pl  
Panama City FL 32405

☒ Change ☐ Addition

2100 Norwood Pl  
Panama City FL 32405

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jill Lipscomb

4-18-96

904-785-7636

CR2E034 (12/95)