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FILED
Apr 17 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 # P95000074117 (9)

1. Corporation Name

THE HOMESTRETCH RESTAURANT, INC.

Principal Place of Business

8966 SW 192 CT. RD.
DUNNELLAN FL 34432

Mailing Address

8966 SW 192 CT. RD.
DUNNELLAN FL 34432-2778

2. Principal Place of Business

21 12210 N. US Hwy. 27

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Ocala, FL

28 City & State

29 City & State

24 Zip

34482

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MATTHEWS, LOIS M
12210 US HWY 27 NORTH
OCALA FL 34482

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

02/26/1996

4. FEI Number

59-3335743

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

10. Name and Address of New Registered Agent

81 Name

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

9 Handicappers Lane

83

84 City
Ocala

FL

85 Zip Code
34482

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 ☐ DELETE

NAME DP
MATTHEWS, LOIS M
STREET ADDRESS 1635 SW 133RD AVE RD
CITY-ST-ZIP Ocala FL 34482

TITLE ☐ DELETE

NAME D
SACCO, DOMONIC R
STREET ADDRESS 1635 SW 133RD AVE RD
CITY-ST-ZIP Ocala FL 34482

TITLE ☐ DELETE

NAME DVP
HEMBACH, WAYNE J
STREET ADDRESS 8966 SW 192ND CT RD
CITY-ST-ZIP DUNNELLON FL 34482

TITLE ☐ DELETE

NAME DSP
HEMBACH, CAROL A
STREET ADDRESS 8966 SW 192ND CT RD
CITY-ST-ZIP DUNNELLON FL 34482

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 9 Handicappers Lane
1.4 CITY-ST-ZIP Ocala, FL 34482

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 9 Handicappers Lane
2.4 CITY-ST-ZIP Ocala, FL 34482

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 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.

LOIS M. MATHEWS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97 352-237-4616

Date

Daytime Phone #

0439000

CR2E034 (9/96)