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 # P95000081606 (2)

1. Corporation Name
HOME BUYERS SUPPORT SERVICES, INC.

Principal Place of Business
2431 ALOMA AVE., SUITE 221
WINTER PARK FL 32792

Mailing Address
2431 ALOMA AVE., SUITE 221
WINTER PARK FL 32792

3. Date Incorporated or Qualified: 10/18/1995
3a. Date of Last Report
4. FEI Number: 59-3341003 — ☐ 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

2. Principal Place of Business
21 2170 SR 434 W
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Longwood, Florida
Zip
24 32779
Country
25 Seminole

2a. Mailing Address
26 2170 SR 434 W
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Longwood, Florida
Zip
29 32779
Country
30 Seminole

9. Name and Address of Current Registered Agent

PIERCEFIELD, DAVID S
2431 ALOMA AVE., SUITE 221
WINTER PARK FL 32792

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HACHENBERGER, DONALD J	
STREET ADDRESS	2170 W. S.R. 434, JSUITE 434	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	☐ DELETE
NAME	HACHENBERGER, GLENDA J	
STREET ADDRESS	2170 W. S.R. 434, JSUITE 434	
CITY-ST-ZIP	LONGWOOD FL 32779	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	☒ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS	2170 SR 434 W, SUITE 400	
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	HACHENBERGER, GLENDA A.	
2.3 STREET ADDRESS	2170 SR 434 W, SUITE 400	
2.4 CITY-ST-ZIP		
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	800001791908	
5.3 STREET ADDRESS	-04/24/96--01011--022	
5.4 CITY-ST-ZIP	***200.00	
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 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: D. J. Hachenberger Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald J. Hachenberger

Date: 4-8-96
Daytime Phone #: 407-869-7664

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