FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 18 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 # P95000091732

1. Corporation Name
Homemakers Plus. Inc.

Principal Place of Business / Mailing Address
5700 St. Augustine Rd # 106
Jacksonville, FL. 32207

3. Date Incorporated or Qualified: 3/1/96
3a. Date of Last Report:

2. Principal Place of Business
21 5700 St. Augustine Rd
22 Suite, Apt. #, etc.: 106
23 City & State: Jacksonville, FL
24 Zip: 32207 25 Country: Duval

2a. Mailing Address
26 5700 St. Augustine
27 Suite, Apt. #, etc.: 106
28 City & State: Jacksonville, FL.
29 Zip: 32207 30 Country: Duval

4. FEI Number: 74-2764167 ☐ 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

9. Name and Address of Current Registered Agent
Lyndah M. Glover

10. Name and Address of New Registered Agent
81 Name: Rachelle M. Bivins
82 Street Address (P.O. Box Number is Not Acceptable): 8947 Washington Ave
83
84 City: Jacksonville FL 85 Zip Code: 32208

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: Rachelle M. Bivins
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Lyndah M. Glover		1.2 NAME		
STREET ADDRESS	3663 Sunbeam Rd		1.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL. 32208		1.4 CITY-ST-ZIP		
TITLE	Vice President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Rachelle M. Bivins		2.2 NAME		
STREET ADDRESS	8947 Washington Ave. 32208		2.3 STREET ADDRESS		
CITY-ST-ZIP	Jax, FL 32208		2.4 CITY-ST-ZIP		
TITLE	CO-Secretary	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Craig L. Bivins		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 322		3.4 CITY-ST-ZIP		
TITLE	Gilda Threadcraft	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Treasure		4.2 NAME		
STREET ADDRESS	4553 Mayo Dr.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL. 32209		4.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Brenda Randall		5.2 NAME	500002117395	
STREET ADDRESS	RT 4 Box 281 R		5.3 STREET ADDRESS	-03/18/97--01112--038	
CITY-ST-ZIP	Quincy, FL 3		5.4 CITY-ST-ZIP	***165.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3/18/97

CR2E034 (9/96)

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.

SIGNATURE: Rachelle Bivins 3/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #