

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000091732 (4)

1. Corporation Name

HOMEMAKERS PLUS INC.



Principal Place of Business

5700 ST AUGUSTINE ROAD
SUITE 106
JACKSONVILLE FL 32207
US

Mailing Address

5700 ST AUGUSTINE ROAD
SUITE 106
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1996

4. FEI Number

79-2764146

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 8701 Phillips Hwy

Suite, Apt. #, etc.

26 Suite, Apt. #, etc. P.O. Box 23740

22 103

City & State

27 Jacksonville, FL

23 Jacksonville, FL

Zip

28 32241-3740

24 32256

25 Duval

9. Name and Address of Current Registered Agent

BIVINS, RACHELLE M
8947 WASHINGTON AVE.
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name

Rachelle Bivins

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

3394 Bowers Ln

83

Jacksonville, FL

32257

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

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 P ☐ DELETE

NAME GLOVER, LYNDAH M
STREET ADDRESS 3665 SUNBEAM ROAD
CITY-ST-ZIP JACKSONVILLE FL 32208

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME BIVINS, RACHELLE M
STREET ADDRESS 8947 WASHINGTON AVE.
CITY-ST-ZIP JACKSONVILLE FL 32208

2.1 TITLE ☒ Change ☐ Addition

TITLE T ☐ DELETE

NAME THREADCRAFT, GILDA
STREET ADDRESS 9553 MAYS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32209

3.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME RANDALL, BRENDA
STREET ADDRESS RT 4 BOX 281 R
CITY-ST-ZIP QUINCY FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

9/29/98

CR2E034 (5/98)