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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90074 050 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000091732

1. Corporation Name  
**HOMEMAKERS PLUS INC.**



Principal Place of Business  
 8701 PHILLIPS HIGHWAY  
 #103  
 JACKSONVILLE FL 32256  
 US

Mailing Address  
 P.O. BOX 23740  
 JACKSONVILLE FL 32241-3740

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

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

26  
 Suite, Apt. #, etc.

22 City & State  
 23 JACKSONVILLE, FL

27 City & State

24 32256 Country  
 25 USA

28 Zip Country  
 29 30

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 the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

BIVINS, RACHELLE M  
 3394 BOWERS LANE  
 JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name Glover, Lyndah M.  
 82 Street Address (P.O. Box Number is Not Acceptable) 3909 SUNBEAM ROAD, #104  
 83  
 84 City JACKSONVILLE, FL 85 Zip Code 32256

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]*

DATE 4/25/99

Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	GLOVER, LYNDAH M	3663 SUNBEAM ROAD	JACKSONVILLE FL 32208	<input type="checkbox"/>
VP	BIVINS, RACHELLE M	3394 BOWERS LANE	JACKSONVILLE FL 32257	<input type="checkbox"/>
T	THREADCRAFT, GILDA	9553 MAYS DRIVE	JACKSONVILLE FL 32209	<input type="checkbox"/>
S	RANDALL, BRENDA	RT 4 BOX 281 R	QUINCY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	GLOVER, LYNDAH M	3909 SUNBEAM ROAD, #104	JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.1	BIVINS, RACHELLE M	3909 SUNBEAM ROAD, #104	JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.1				<input type="checkbox"/>	<input type="checkbox"/>	
4.1				<input type="checkbox"/>	<input type="checkbox"/>	
5.1				<input type="checkbox"/>	<input type="checkbox"/>	
6.1				<input type="checkbox"/>	<input type="checkbox"/>	

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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/25/99

CR2E034 (11/98)