

5-13-97 B-7100 -c
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 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 # P96000002465 (8)

1. Corporation Name
HOMESSELLERS RESOURCE, INC.

Principal Place of Business
12410 NEWELL GREEN PLACE
JACKSONVILLE FL 32246

Mailing Address
12410 NEWELL GREEN PLACE
JACKSONVILLE FL 32246-7035



2. Principal Place of Business 21 2004 E. ST. MARTINS DR Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FL Zip Country 24 32246 25 USA	2a. Mailing Address 26 2004 E. ST. MARTINS DR Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip Country 29 32246 30 USA
---	--

3. Date Incorporated or Qualified 01/04/1996	3a. Date of Last Report NA
4. FET Number 59-3368261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SHOOK, TERRY
12410 NEWELL GREEN PLACE
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name Jerry Shook
82 Street Address (P.O. Box Number is Not Acceptable) 2004 E. ST MARTINS DR
83
84 City JACKSONVILLE
85 Zip Code 32246

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE TERRY SHOOK

Terry Shook

4/28/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	1.2 NAME TERRY SHOOK	1.3 STREET ADDRESS 2004 E ST MARTINS DR	1.4 CITY - ST - ZIP JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Terry Shook* TERRY SHOOK

4/28/97 904 221-3354

CR2E034 (9/96)