FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000034775 (2) DOCUMENT #

HOME BOY CONSTRUCTION, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		I (ODENDO) ILA IDILA BENT ODILE ADVIT DON	n sidina sidil bilain fabst teoni och (na)
1059 MATODOR ROCKLEDGE FL \$2955		POST OFFICE BOX 561024 ROCKLEDGE FL 32956-1024		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/18/1996	
2. Principal Place of Business 21 6800 Spring St		2a. Mailing Address 26 PO BOX	1305	4, FEI Number 59-3372044	Applied For Not Applicable
Sulte, Apt. #, étč.		Suite, Apt. #, etc.			\$8.75 Additional Fee Required
23 Port St. John Fl		City & State Shorpes	<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	29 3 2 959- 30	Brevard	This corporation owes or has paid Personal Property Tax due June 3	_ ~
24 3674	25 BYPV2VD 9. Name and Address of Current		Dicher	10. Name and Address of New Reg	
I AND WILLIAM 81 Name /				1 () 11) .	
1059 MATODOR			82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
ROCKLEDGE FL 32955			68		″
			63	, , , ,	
			B4 Port	St John	FL 85 Zip Code 32 92 7
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 large a with a point and such change was authorized by the corporation's board of directors. I hereby accept the abligations of, Service 607.0505. Florida Statutes.					
SIGNATURE	william M	WY VE PVE	Stered Agent signature requir	7	DATE
12.	Signature, typed or printed name of representation OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE	1 / \ // / / / / / / / / / / / / / / / /	☐ Change ☐ Addition
NAME	LAND, WILLIAM		1.2 NAME	6800 Springstin	l;
STREET ADDRESS	1059 MATODOR		1.3 STREET ADDRESS	6 400 Jeviny 5,	8.5
CITY-ST-ZIP	ROCKLEDGE FL 32955		1.4 CITY-ST-ZIP	61454 John 32	927
TITLE	D	☐ DELETE	21 TITLE		Change Addition
NAME	TAMAYO, DANIEL		2.2 NAME		y,
STREET ADDRESS	12769 MAJORAMA DRIVE		2.3 STREET ADDRESS		
CITY-\$T-ZIP	ORLANDO FL 32837-8525		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		□ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		- Courte	5.4 City-St-ZiP		Change Addition
TITLE		☐ DELETE	61 TITLE		Ti criange Til wondig
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREFT ADDRESS		
CITY-ST-ZIP		the thin Clines stone and minds. And	6.4 CITY-ST-ZIP	Pasting 119 07(3\fi) Florida Statutos 15	urther certify that the information
14. Inereby o	ertiry that the information supplied wi	or one ming does not quality for if	ie exemplion stated in te and that my signati	Section 119.07(3)(i), Florida Statutes. I f	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 charged, or oy an attachment with an address