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

PROFIT CORPORATION ANNUAL REPORT



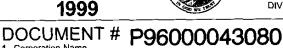
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90033 010 ***150.00



HOMESTEAD ACRES, INC.

										Bille Barry Barry Barry	Blade ilkit ester	{
Principal Place of Business Mailing Address								ì				
P O BOX 874 P O BOX 874						16						
LABELLE FL 33935			LABELLE FL 88935 33975					DO NOT WRITE IN THIS SPACE				
								3.	Date Incorporated or Qua	ilifed		
									05/21/1996			
2. Principal Pl	ace of Busines	2a. Mailing	2a. Mailing Address				4.	FEI Number		Ar	oplied For	
· .			26					65-0673952		No	ot Applicable	
Suite, Apt. i	#, etc.			Suite, Apt. #, etc.					Certifcate of Status Desir	ed 🗆		Additional
22			27	27					Certificate of Ciatos Desir		Fee Re	equired
City & State			City &	City & State				6.	Election Campaign Finan	cing	, -	May Be
23			28						Trust Fund Contribution			to Fees
Zip Country			Zip	<u> </u>				8.	. This corporation owes the	current year In		□No
24	2		29		30				Personal Property Tax. Name and Address of N	low Bogistored	Yes	
	9. Name a	nd Address of Curren	it Registered A	gent		81	Name	10.	. Name and Address of r	lew Registered	Agent	
IRFI /	AND, ALTON	I			Į		Teame					
	issouri st						Street A	et Address (P.O. Box Number is Not Acceptable)				ļ
	LLE FL 339											
0.04		<u> </u>				83						
					ĺ	84	City	· · · · · ·		Fl	85 Zip	Code
11. Pursuant	to the provisio	ns of Sections 607.050	02 and 607.1508	3, Florida Statut	es, the at	r	-named o	corporatio	n submits this statement for	or the purpose o	f changing its	s registered
office or re	anietored aner	nt, or both, in the State n, and accept the obliga	of Florida, Such	i channe was ai	utnonzea	DV I	ine corbo	ration's b	oard of directors. I hereby	accept the appo	iintment as re	egisterea
-	IN FOLIMICAL WITH	, and docept the conga										
SIGNATURE	Signature, typed or	printed name of registered ager	nt and title if applicable	e. (NOTE	Registered	Agent	t signature re	quired when		DATE		
12.		OFFICERS AN	ND DIRECTORS		13.				ADDITIONS/CHANGES T	O OFFICERS A		
TITLE	PVST			☐ DELETE	1.1 TIT	LE	Ì				☐ Change	☐ Addition
NAME	ireland, /				1.2 NA	ME	ļ		•	•		
STREET ADDRESS	1			1.3 \$		1.3 STREET ADDRESS						
CITY-ST-ZIP	LA BELLE	FL 33935			1.4 CI	_	r-ZIP					- Addition
TITLE				☐ DELETE	2.1 TIT	LE	Į				☐ Change	☐ Addition
NAME					2.2 NA	ME	ł					1
STREET ADDRESS					2.3 ST	REET	ADDRESS					
CITY-ST-ZIP							T-ZIP					- Addition
TITLE				DELETE	3.1 TIT	LE				•	Change	Addition \
NAME					3.2 NA	ME	{					
STREET ADDRESS					3.3 ST	REET	ADDRESS					
CITY-ST-ZIP					3.4. Cl		T-ZIP				Choran	C Addition
TITLE				DELETE	4.1 TIT		Į				☐ Change	Addition
NAME					4. 2 N	ME	ł					
STREET ADDRESS					4.3 ST	REET	ADDRESS					·
CITY-ST-ZIP				The exe	4,4 CI		r-ZIP				Change	☐ Addition
TITLE				☐ DEFELE	5.1 TII 5.2 NA		i				[] Change	Addition
NAME	ĺ						ADDDESS					i
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	<u> </u>			Finciere	5.4 CF		-214	-			☐ Change	☐ Addition
TITLE				☐ DELETE	6.2 NA						<u>П</u> спанув	
NAME							. ADDRESS					
STREET ADDRESS					6.3 ST	KEET	ADDRESS					

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:

1(941)675-1806 Davtime Phone #