## 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

DOCUMENT # P96000084802 (3)

FLORIDA HOME ENERGY & RESOURCES ORGANIZATION, IN C.

## FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 15220 N.W. 5TH AVENUE 15220 N.W. 5TH AVENUE **NEWBERRY FL 32069 NEWBERRY FL 32669** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable Suite. Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Zip 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name FONOROW, KENNETH D 15220 N.W. 5TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **NEWBERRY FL 32000** 83 84 City 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. yped or printed name of registered agent and tills it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE NAME 2.2 NAME SYRFET ADDRESS 2.3 SYREET ADDRESS 32669 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE 32 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 of an attachment with an apprecia.

SIGNATURE:

Links Janows

4/27/98 352-336-2060