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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700034208 1. Corporation Name

AVERY'S HOME, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90034 030 ***150.00



		4.4 - 117	A -1 -1						fi 80 f o r 1 8 fi 100	
1	ce of Business	Mailing /								
134 WEST 23RD STREET 134 WEST 23RD STREET										
JACKSONVILLE FL 32206 JACKSONVILLE FL 32206							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	017102		
							04/11/1997			
2 Principal D	Place of Business	2a Maili	ng Address				4. FEI Number		Applied For	
— ·	race of business		ing Additions .				59-3457016	- ⊢-	Not Applicable	
Suite, Apt.	# etc	26 Suite	e, Apt. #, etc.				05-0407010		Additional	
22	. 17, Gtc.	27	, Apt. #, 010.				5. Certifcate of Status Desired		Required	
City & Star	te	City	& State				6, Election Campaign Financing	\$5.00	O May Be	
23		28					Trust Fund Contribution	Added	d to Fees	
Zip	Country	Zip		Cou	intry		This corporation owes the current year Intangible			
24	25	29		30			Personal Property Tax.	☐ Yes	□No .	
	Name and Address of Curren	t Registered	Agent		<u> </u>		10. Name and Address of New Registered	Agent		
	DV OCDALDING				81	Name	•			
	RY, GERALDINE				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	CONCORD BOULEVARD WEST				-	Silver Add	aroo (170, box rainbor o ray roopiable)			
JACI	KSONVILLE FL 32208				83			1 1 2 1 1 1		
								- 186° C		
					84	City	· FI	85 Zip	o Code	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.150	08. Florida Statut	es, the a	bove	-named cor		ll changing i	ts registered	
office or i	registered agent, or both. In the State	of Florida. Su	ch change was a	uthorize	d by	the corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	ıtment as r	registered	
agent, I a	am familiated the and accept the obligate	tions of, Section	on 607.0505, Flo	nda Stat	utes.		· / / /	20-	46	
SIGNATURE	Signature, typed or printed/hame of registered agen	Jun		Davistana		Caladak as as a d	red when reinstating) DATE	<u>-o</u>		
12.	OFFICERS AN			13.	Ageni	signature requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	COPS IN 12	
TITLE	0	D DIRECTOR	DELETE .	1.1 T	TI F	T		Change		
NAME	AVERY, GERALDINE		,	1.2 N						
						ADDDEGG			. }	
STREET ADDRESS	II					ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32206	*	□ DECETE	_	TY-ST	-ZIP			Addition	
TITLE			☐ DELETE	2.1 Ti				Change	e 🔲 Addition	
NAME				2.2 N	AME					
STREET ADDRESS				2.3 \$	TREET	ADDRESS			٠ _ ا	
CITY-ST-ZIP				2.40	TY-S	T-ZIP				
TITLE			☐ DELETE	3.1 TI	TLE			Change	e Addition	
NAME				3.2 N	AME				ĺ	
STREET ADDRESS				3.3 S	TREET	ADDRESS			F 4 -	
CITY-ST-ZIP				3.4. 0	TY-SI	r-ZIP		•		
TITLE			☐ DELETE	4.1 Ti				☐ Change	⊋	
NAME				4. 2 N	AME					
STREET ADDRESS	·			1		ADDRESS				
CITY-ST-ZIP					TY-ST				•	
TITLE			□ DELETE	5.1 TI		- C.II*		Change	Addition	
			_ 0,_	5.2 N				ال المانين		
NAME						ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP			,		TY-ST	- ZIP	t .			
TITLE			☐ DELETE	6.1 TI				☐ Change	Addition	
NAME	1			6.2 N	AME	ı				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:	Youak	Mul	Mille
30	NATURE AND TYPED	R PRINTED NAME OF SIGN	ING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP