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FILED

May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000046046 (3)

1. Corporation Name

HOME TEAM ENTERPRISES, INC.

Principal Place of Business

6415 CORONET DRIVE  
NEW PORT RICHEY FL 34655

Mailing Address

6415 CORONET DRIVE  
NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

59-3462504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4210 LITTLE RD.

26 90 LUKE BROS INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NEW PORT RICHEY, FL

28 NEW PORT RICHEY, FL

24 Zip

25 Country

29 Zip

30 Country

34655-1625 USA

34655-0967 USA

9. Name and Address of Current Registered Agent

GONZALES, LARRY J  
6645 RIDGE ROAD  
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name MICHAEL C. BOYETTE

82 Street Address (P.O. Box Number is Not Acceptable)  
3003 FORRESTAL COURT

83

84 City NEW PORT RICHEY FL 85 Zip Code 34655

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.

SIGNATURE

Michael C. Boyette

MICHAEL C. BOYETTE, CFO 4-29-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LUCADANO, PETER  
STREET ADDRESS 6415 CORONET DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D  
NAME LUCADANO, DAVID  
STREET ADDRESS 6415 CORONET DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D  
NAME WICK, CHRISTOPHER  
STREET ADDRESS 6415 CORONET DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP, D ☒ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4129 WOOD TRAIL BLVD  
1.4 CITY-ST-ZIP NPR, FL 34655

2.1 TITLE P.O. ☒ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS 4631 ROWE DR  
2.4 CITY-ST-ZIP NPR, FL 34653

3.1 TITLE S, T, D ☒ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS 72608 WOODBINE DR.  
3.4 CITY-ST-ZIP BAYONET POINT, FL 34667

4.1 TITLE CFO ☐ Change ☒ Addition  
4.2 NAME MICHAEL C. BOYETTE  
4.3 STREET ADDRESS 3003 FORRESTAL ST.  
4.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, changed, or on an attachment with an address.

SIGNATURE: X David Lucadano DAVID LUCADANO 4-29-98 (813)845-6382

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