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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000078606

1. Corporation Name
HOMEOWNERS FOR JUSTICE, INC.

Principal Place of Business

2401 S.E. 13TH ST
OCALA FL 34471

Mailing Address

2401 S.E. 13TH ST
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

59-3467950

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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **2508 N.E. 8TH LN**

Suite, Apt. #, etc.

22

City & State

23 **OCALA FL**

Zip

24 **34470** 25 **marion**

Country

2a. Mailing Address

26 **2508 N.E. 8TH LN**

Suite, Apt. #, etc.

27

City & State

28 **OCALA FL**

Zip

29 **34470** 30 **marion**

Country

9. Name and Address of Current Registered Agent

KROITOR, MICHAEL
2401 S.E. 13TH ST
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name **MICHAEL KROITOR**

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

2508 NE 8TH LN

83

84 City **OCALA**

FL

85 Zip Code **34470**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/99

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **HENDERSON, FRANK**
STREET ADDRESS **1130 SE 52ND ST**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **VSD** ☐ DELETE
NAME **KROITOR, MICHAEL**
STREET ADDRESS **2401 SE 13TH ST**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/99 **352 369 9797**

Date

Daytime Phone #

CR2E034 (11/98)