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

PROFIT CORPORATION ANNUAL REPORT

1998

かなまます!

STREET ADDRESS

14. I hereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if changed.

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700083902 (1)

HOME SERVICES OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address 6847 TANGO LANE N 6847 TANGO LANE N JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 09/29/1997 2a. Mailing Address 4. FEL Number 59-346970 Principal Place of Business Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 30 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 CONNORS, JANET L Name 6847 TANGO LANE N 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32210 83 84 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change Addition TITLE 1.1 TITLE CONNORS, DENNIS B NAME 1.2 NAME **68**47 TANGO LANE N STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE CONNORS, JANET L NAME 2.2 NAME **6847 TANGO LANE N** 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE CALLAHAN, SHANNON M 3.2 NAME NAME 1419 RENSSELARE AVE. STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE CORBY, GWEN M NAME 4. 2 NAME 6984 AUTREY STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ DELET**E** Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition ☐ DELETE TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

is upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplemental arrived report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an proof the receive of typisted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP