

S-8-98B-6902-C
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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

DOCUMENT # P97000101085 (3)

1. Corporation Name
HOME BUYERS HERITAGE CO.

Principal Place of Business
2832 IROQUOIS AVENUE
JACKSONVILLE FL 32210

Mailing Address
2832 IROQUOIS AVENUE
JACKSONVILLE FL 32210



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1997

4. FEI Number

59-3499301

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

21 2832 IROQUOIS AVE

Suite, Apt. #, etc.

22 City & State

23 Jax. FL.

24 Zip

32210

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Jax. FL.

29 Zip

32210

Country

30 USA

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6843

10. Name and Address of New Registered Agent

81 Name

Steve Duce

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

2832 IROQUOIS AVE

83

84 City

JACKSONVILLE

FL

85 Zip Code

32210

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)

3-1-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DUCE, STEVE
STREET ADDRESS 2819 IROQUOIS AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE P/T
NAME DUCE, STEVE
STREET ADDRESS 2819 IROQUOIS AVE.
CITY-ST-ZIP JAX. FL. 32210

TITLE VP/S
NAME DANIELLE HOLCOMBE
STREET ADDRESS 2832 IROQUOIS AVE
CITY-ST-ZIP JAX. FL. 32210

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 P/T
1.2 NAME STEVE DUCE
1.3 STREET ADDRESS 2819 IROQUOIS AVE
1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32210

2.1 TITLE VP/S
2.2 NAME DANIELLE HOLCOMBE
2.3 STREET ADDRESS 2832 IROQUOIS AVE
2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32210

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

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

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

6.1 TITLE
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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-98

DATE

(904) 398-4867

DAYTIME PHONE #

0000000

CP2E034 (10/97)