

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 # P98000006051

1. Corporation Name
HOME BUOY, INC.

Principal Place of Business
28059 U.S. HIGHWAY 19 NORTH #100
CLEARWATER FL 34621

Mailing Address
28059 U.S. HIGHWAY 19 NORTH #100
CLEARWATER FL 34621

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90113 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/20/1998

4. FEI Number
59-3491434

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BURKE, ROBERT C JR
28059 U.S. HIGHWAY 19 NORTH #100
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name William J. Kimpton
82 Street Address (P.O. Box Number is Not Acceptable)
28059 U.S. Highway 19 North, #100
83
84 City Clearwater FL 85 Zip Code 33761

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

1/7/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HORNE, THOMAS
STREET ADDRESS 28059 U.S. HIGHWAY 19 NORTH #100
CITY-ST-ZIP CLEARWATER FL 34621

TITLE VSD
NAME KIMPTON, WILLIAM J
STREET ADDRESS 28059 U.S. HIGHWAY 19 NORTH #100
CITY-ST-ZIP CLEARWATER FL 34621

TITLE VTD
NAME HORNE, CHAD
STREET ADDRESS 28059 U.S. HIGHWAY 19 NORTH #100
CITY-ST-ZIP CLEARWATER FL 34621

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 PD
1.2 NAME HORNE, Thomas
1.3 STREET ADDRESS P.O. Box 3009
1.4 CITY-ST-ZIP Clearwater, FL 33767

2.1 TITLE VSD
2.2 NAME KIMPTON, William J.
2.3 STREET ADDRESS 28059 U.S. Highway 19 North, #100
2.4 CITY-ST-ZIP Clearwater, FL 33761

3.1 TITLE VTD
3.2 NAME HORNE, Chad
3.3 STREET ADDRESS P.O. Box 1034
3.4 CITY-ST-ZIP Crystal Beach, FL 34681

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

Date

(727) 791-0063

Daytime Phone #

CR2E034 (11/98)