PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000051741 1. Corporation Name HOME REMEDY CORP. OF NORTH FLORIDA							
Principal Place of Business Mailing Address						\$ COUNTEMP CON FOUNT ANTIT MARTIN MAINT MANNE MINER INDITIONS (MARTIN CONT.)	
	JU3611634	BSIZ MADLAND CT.					
837 MIDLAND CT. 837 MIDLAND CT. ORANGE PARK FL 32065 . ORANGE PARK FL 32065 .							
	•					DO NOT WRITE IN THIS SPACE	
						3, Date Incorporated or Qualifed	
		2a. Malling Address 950 -23 BLANDING BLD.			A4464	05/07/1998 ap. 4. FEI Number Applied For	
2. Principal Place of Business		26 Sant 328 Jan 16 Andry 16 7005			_	1 (9-2(1)074)	
Suite, Apt. #, elc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27 SUITE 318				5. Certificate of Status Desired Fee Required	
City & State		City & State				6:-Election Campaign:Financing\$5:00 May Be	-
23		28 OLANGE TARK			fr.	Trust Func Contribution Added to Fees	
Zip Country		Zip	Zip Country			8. This corporation owes the current year intangible	
24	25	29/26/20/65	[30] C	1	₩	Personal Property Tax.	
9	. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent	
SCHRAMM, RAYMOND]"]			
837 MIDLAND CT.				82	Street Add	tress (P.O. Box Number is Not Acceptable)	
	PARK FL 32065	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	. , , , , , , =	100000					
				City	BS Zip Code		
44. Businest to the provisions of Sections 607 0502 and 607 1508. Florida Statutus.				bove	-named con	puration submits this statement for the purpose of changing its registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						ion's board of directors. I hereby accept the appointment as registered .	
	miliar with, and accept the obligation	"45.75	, , , o o o o o	0.0 0			
				Agent	i zignature requir	ned when reinstating) DATE	60/
12.	OFFICERS AND		13.			ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	5
TITLE P.C.	ESIDENT	☐ DELETE	1.1 TT		- 1	. [Crange Addition	2
	YMOND SCHRAMM		1.2 NJ				3
STREET ALDRESS 837 MIDLIAN DCT, CITY-ST-ZP GRANGE PARK, FL. 321		A1 5			ADDRESS		ř
	EANGE PARK, FL. 3.	DELETE		<u> 17-51</u>	T-20P	☐ Change ☐ Addition	ç
TITLE		□ bettit	2.1 TITLE 2.2 NAME		į		
NAME					ADDRESS		
STREET ALIDRESS				ITY-S	1		
CITY-ST-ZIP		☐ DELETE				Change Addrion	-
NAME			3.2 N	AME .			
STREET AL DRESS			3.3 \$1	REET	ADDRESS		
CITY-ST-ZP			34.0	1TY-51	T-ZZP		
TITLE		☐ DELETE	4.1 TO	TLE		☐ Change ☐ Addrion	
NAME			4.2N	AME	1	}	
STREET ADDRESS			4.3 51	REET	ADDRESS		
CITY-ST-ZIP				TY-SI	-ZP		
TITLE	 	☐ DELETE	5.1 TC		}	☐ Change ☐ Addition	
NAME			5.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		Fi pereze	54 CI 6.1 TI	TY-51	1-ZP	∏ € hange Addition	
TITLE		☐ DELETE	6.2 N		ĺ	Tringing Transcon	
NAME					ADDRESS		
STREET ADDRESS			1	TY-ST			
CITY-ST-ZI*			= w+W				

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 sectiver 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, an or attachment with an address, with all other like empowered.

SIGNATURE:

SUBSTRUCTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90004 048 ***158.75