

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000058825

1. Corporation Name
HOME LINC OF AMERICA, INC.

Principal Place of Business
722 MARCH AVENUE
FORT MYERS FL 33906

Mailing Address
722 MARCH AVENUE
FORT MYERS FL 33906

FILED

99 SEP 17 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/19/1998

4. FEI Number

65-0863682

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.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

CONWAY, DANIEL
722 MARSH AVENUE
FORT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CONWAY, DANIEL
STREET ADDRESS 722 MARSH AVENUE
CITY-STATE-ZIP FORT MYERS FL 33905

TITLE D ☒ DELETE

NAME THOMAS, BARBARA
STREET ADDRESS 16299 SAN CARLOS BLVD.
CITY-STATE-ZIP FORT MYERS FL 33908

TITLE D ☒ DELETE

NAME TURNER, TAMMY
STREET ADDRESS 2785 DRYDEN
CITY-STATE-ZIP FORT MYERS FL 33905

TITLE DIRECTOR ☐ DELETE

NAME JOEY STARNER
STREET ADDRESS 1960 KEY COURT
CITY-STATE-ZIP N. FT. MYERS, FL 33903

TITLE DIRECTOR - TREASURER ☐ DELETE

NAME STEVEN PAULIK
STREET ADDRESS 3685 WINKLER AVE EXTENSION #914
CITY-STATE-ZIP FT. MYERS FL 33916

TITLE DIRECTOR ☐ DELETE

NAME CRYSTAL MCBRIDE
STREET ADDRESS 722 MARSH AVE
CITY-STATE-ZIP FT. MYERS FL 33905

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME JOSEPH DUFFEY

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE DIRECTOR ☐ Change ☒ Addition

2.2 NAME JOEY STARNER
2.3 STREET ADDRESS 1960 KEY COURT
2.4 CITY-STATE-ZIP N. FT. MYERS, FL 33903

3.1 TITLE DIRECTOR - Secretary/Treasurer ☐ Change ☒ Addition

3.2 NAME STEVEN PAULIK, CPA
3.3 STREET ADDRESS 3685 WINKLER AVE EXTENSION #914
3.4 CITY-STATE-ZIP FT. MYERS FL 33916

4.1 TITLE DIRECTOR ☐ Change ☒ Addition

4.2 NAME CRYSTAL MCBRIDE
4.3 STREET ADDRESS 722 MARSH AVE
4.4 CITY-STATE-ZIP FT. MYERS, FL 33905

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 800002995138-3

5.3 STREET ADDRESS -09/23/99--01063--013

5.4 CITY-STATE-ZIP ***150.00 ***150.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME SP

6.3 STREET ADDRESS

6.4 CITY-STATE-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

STEVEN E. PAULIK, CPA 9/3/99

941.274.9185

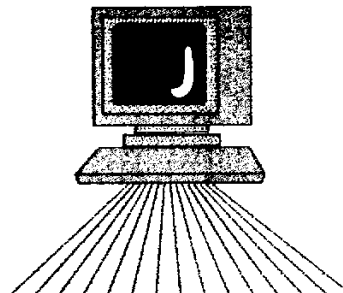
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Home Linc of America, Inc.

722 MARSH Ave
Fort Myers, FL 33905
888-873-8203
fax: (941) 693-9586
Email: HLoAINC@aol.com



August 30, 1999

**Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500**

To Whom it May Concern;

Enclosed please find Annual report and a check for \$150. This letter is to request a waiver of late fees. We respectfully request the waiver for a few reasons. This corporation has been inactive since it's inception. I recently became a director and secretary/treasurer and located this unfilled report. At the present time the payment of late fees would be a major drain on the available resources of the corporation. The corporation is just beginning operations and as you know will require all available resources to conduct operations.

Should you decide to disallow this request, The appropriate late fees will be sent immediately. In the future annual reports will be filed on time since that is one of my responsibilities.

Sincerely;

**Steven Paulik, CPA
Secretary/Treasurer
Home Linc of America, Inc.**