

COND 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

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90001 040 ***550.00

DOCUMENT # **P98000063521**

Corporation Name

HOME BUYING SOLUTIONS, INC.

Principal Place of Business

**12852 BIG SUR DR.
TAMPA FL 33625**

Mailing Address

**12852 BIG SUR DR.
TAMPA FL 33625**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1998

Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

264-90-7895

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOMERVILLE, DAVID L
12852 BIG SUR DR.
TAMPA FL 33625**

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME DAVID SOMERVILLE	1.2 NAME
1.3 STREET ADDRESS 12852 BIG SUR DRIVE	1.3 STREET ADDRESS
1.4 CITY-ST-ZIP TAMPA FL 33625	1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	2.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME DAVID SOMERVILLE	2.2 NAME
2.3 STREET ADDRESS 12852 BIG SUR DRIVE	2.3 STREET ADDRESS
2.4 CITY-ST-ZIP TAMPA FL 33625	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	3.1 TITLE HAROLD BREWER, V. PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME DAVID SOMERVILLE	3.2 NAME
3.3 STREET ADDRESS 16316 COLWOOD DRIVE	3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ODESSA FL 33556	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	4.1 TITLE TREASURER, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME HAROLD BREWER	4.2 NAME
4.3 STREET ADDRESS 16316 COLWOOD DRIVE	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ODESSA FL 33556	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	5.1 TITLE TAMMIE BREWER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME DIRECTOR	5.2 NAME
5.3 STREET ADDRESS 16316 COLWOOD DRIVE	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ODESSA FL 33556	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	6.1 TITLE KRISTINE SOMERVILLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME DIRECTOR	6.2 NAME
6.3 STREET ADDRESS 12852 BIG SUR DRIVE	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP TAMPA FL 33625	6.4 CITY-ST-ZIP

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]

(813) 960-4845

CR2E034 (5/99)

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