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**

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90122 023 ***150.00

DOCUMENT # P98000070198 1. Corporation Name	
THE HOMEOWNER'S HELPER OF DESTIN, INC.	

THE HOM	Meowner's Helper of D	ESTIN, INC.							
Principal Place	of Business	Mailing Address				-	K Bûlêt ûbêtî (bûtê û)#134 HOIW H	1101 (81) 100)
801 SPANISH MOSS TRAIL 801 SPANISH MOSS TRAIL									
DESTIN FL 32541 DESTIN FL 32541				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed			
1						08/07/1998			\
2. Principal Pl	lace of Business	2a. Mailing Address				4. FFI Number		Арр	lied For
21	<u></u>	26				59-3556312			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		8.75 A	-
22 City & Ctat		City & State				6. Election Campaign Financing		\$5.00	`
City & State	e	28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Countr	y		8. This corporation owes the curre	nt year Intangi	ble	7
24	25	29	30			Personal Property Tax.			XN0
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered Age	nt	
JONE	ES, GEORGE		8			•			
	SPANISH MOSS TRAIL		8:	2 Str	et Addre	ss (P.O. Box Number is Not Acceptal	ole)		
	TIN FL 32541		8:	3					
			L						
	/)		8	4 City	1		FL	5 Zip C	ode
11. Pursuant to the provisions of Sections 607 6502 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.							egistered istered		
SIGNATURE	(2 h)						<u> </u>		
	Signature, based or printed same of egistered agen	<u>:</u>		ent signa	rne tedniteq	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	IDECTO	PS IN 12
12.	OFFICERS AN	D DIRECTORS ☐ DELETE	13. 1.1 TITLE		- T	ADDITIONS/CHANGES TO OFF	_	Change	Addition
NAME	MARTIN, STEVE		1.2 NAME					_	
STREET ADDRESS	801 SPANISH MOSS TRAIL		1.3 STRE		ESS				
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-	ST-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE] Change	☐ Addition
NAME	BRYANT, JERRY		2.2 NAME		İ				
STREET ADDRESS	801 SPANISH MOSS TRAIL		2.3 STRE		ESS				ľ
CITY-ST-ZIP	DESTIN FL 32541	DELETE	2. 4 CfTY		+-	·		Change	Addition
TITLE	JONES, GEORGE	_ DELETE	3.1 THE				_		
NAME STREET ADDRESS	801 SPANISH MOSS TRAIL		3.3 STRE		ESS				l
CITY-ST-ZIP	DESTIN FL 32541		3.4. CITY						
TITLE		☐ DELETE	4.1 TITLE		T .			Change	☐ Addition
NAME			4. 2 NAM	E					ľ
STREET ADDRESS			4.3 STRE	ET ADDR	ESS				
CITY-ST-ZIP		□ ocuste	4.4 CITY-] Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				L] Change	☐ ∧udition
NAME			5.3 STRE		ESS				ļ
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-						ŀ
TITLE		☐ DELETE	6.1 TITLE] Change	☐ Addition
NAME			6.2 NAME	Ē					İ
STREET ADDRESS			6.3 STRE	ET ADDR	ESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE: