Entry Name     ACK KINDER, SR, HOMEMART, INC.     Ol-30-2002 90140 021 ***150.00     Ol-30-200 90140 021 ***150.00     Ol-30-200 90140 021 ***150.00	DOCUME		SINESS REF 000080192	PUNI	(UBR)	<b>Jan 30, 2</b> (	LED )02 8:0 w of St	0 am
DD SOUTH HIGHWAY 441 400 S. PINE AVE COLLA FL 5449  Principal Place of Business Suite, Apt. # otc City & State City & City & City & City City & City & City & City City & Cit	1. Entity Name						-	
Findular       Findular       Country       Suite Apt. # etc.       DO NOT WITTE IN THIS SPACE         Solid, Apt. # ctc.       Suite Apt. # etc.       DO NOT WITTE IN THIS SPACE         Chry & State       Chry & State       4. FEI Number SP-3535738       Appliade Fig.         Zip       Country       Zip       Country       S. Continue of State SP-3535738       Appliade Fig.         Zip       Country       Zip       Country       S. Continue of State SP-3535738       Appliade Fig.         Site Application       S. Continue of State SP-3535738       Name and Address of New Registered Agent       The application of State SP-3535738       Application SP-3555738         Site Control       S. Continue of State SP-35355738       Name and Address of New Registered Agent       The application of State SP-3535738       The application of State SP-3535738         Site Control         Countrol       Site Control       Mame and Address of Number is Not Application       The Site Control       Site Contro       Site Contro       Si	Principal Place of Business 3370 SOUTH HIGHWAY 441 DCALA FL 34480		4020 S. PINE AVE	4020 S. PINE AVE		1 1001/1451 (10 1610) 101/1 101/1 001/1 101/1		18118 1181 1981
City & State City & Country City & City & Country City & City & Country City & City & City & State City & Ci	. Principal Place of	f Business	3. Mailing Address					
Second state     Second state       Zip     Country     Zip       Country     Zip     Country       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent       (NDER, JACK SR.       KNDER, JACK SR.       KB025 S. PNE ARE       DCALA FI. 34480       City       FL       Zip Code       The above named address of Low Registered Agent       City       FL       City       City   <	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Zip         Country         Zip         Country         S. Contribution of procession of procesprocession of procesprocesion	City & State		City & State	<del>.</del>		FEI Number 59-3535738		
KINDER, JACK SR. VEX 02 S. PINE AVE DOCALA FL 34480       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       Entit State of Florida.         GNATURE	Zip	Country	Zip	Countr	ry 5		T \$8.75 Ad	ditional
	6.	Name and Address of Curre	ent Registered Agent					
City  City  FL  Zip Code  City  City FL  Zip Code  Code  City FL  Zip Code  Code  City FL  City FL  Zip Code  Code  City FL  City FL  Zip Code  Code  Code  City FL  City FL  Zip Code  Code  City FL  City FL  Zip Code  Code  Code  City FL  City FL  Zip Code  Code  Code  City FL  City FL  Zip Code  Code Code	KINDER, JACK SR.			F	Street Address (P.O. Box Number is Not Acceptable)			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.      GNATURE     Survive, lipsed or printer new of registering agent and the f appricable.      (NOTE: Regeneed Agent synuther restating)      Date      Tax filing requirement and elects to do so.      After May 1, 2002 Fee will be \$550.00     Make Check Payable to Department of State      OFFICERS AND DIRECTORS      (See orthorize on back)      OFFICERS AND DIRECTORS      12.      ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11      E      More synuther to the state of the state				-				
GNATURE					City		FL Zip Cod	e
ME     CitNDER, JACK SR.     NAME       BETI ADDRESS     S370 SOUTH HIGHWAY 441     STREET ADDRESS       OCALA FL 34475     CitY-ST-ZP       VE     Delde       ME     TITLE       ME     Delde       ME     Delde       ME     STREET ADDR	Signatur 	is eligible to satisfy its Intang ment and elects to do so.	ibleEILE-NC	) 2002 Fee w	S-\$150.00	10Election Campaign Financir	ng <b>\$5.0</b>	
LE       Delete       TTLE       Intle       In	Signatur This.corporation Tax filing require	is eligible to satisfy its Intang ment and elects to do so. pack)	ible FILE-NC After May 1 Make Check Pa	OWIII_FEE-I , 2002 Fee w ayable to Dep	S-\$150.00 vill be \$550.00 partment of State	<b>10.</b> Election Campaign Financir Trust Fund Contribution.	ng <b>\$5.0</b>	t to Fees
ME     NAME       REET ADDRESS     STREET ADDRESS       Y-ST-ZIP     Delete       ILE     Delete       TITLE     Change       Addition       ME       REET ADDRESS       Y-ST-ZIP       CITY-ST-ZIP       CI	Signatur Tax filing require (See criteria on b 1. TLE D KINDI REET ADDRESS 9370	is eligible to satisfy its Intang ment and elects to do so. back) [ OFFICERS A ER, JACK SR. SOUTH HIGHWAY 441	Ible File File File File File File File Fi	2002 Fee wayable to Dep 12. TiTLE STREET	S-\$150.00 vill be \$550.00 partment of State	<b>10.</b> Election Campaign Financir Trust Fund Contribution.	ng \$5.0 Addec	t to Fees
WE       NAME         KEET ADDRESS       CITY-ST-ZIP         LE       Delete         WE       STREET ADDRESS         Y-ST-ZIP       Change         Addition         WE       STREET ADDRESS         Y-ST-ZIP       Change         Addition         WE       STREET ADDRESS         Y-ST-ZIP       CITY-ST-ZIP         LE       Delete         TITLE       Change         NAME       STREET ADDRESS         Y-ST-ZIP       CITY-ST-ZIP         LE       Delete         TITLE       Change         NAME       STREET ADDRESS         Y-ST-ZIP       CITY-ST-ZIP         LE       Delete         TITLE       Change         NAME       STREET ADDRESS         Y-ST-ZIP       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 report or supplemental report or 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 receiver or trues end accurate and that my signatures and that my near eappears in Block 11 or Block 12 if	Signatur This.corporation Tax filing require (See criteria on t LE ME REET ADDRESS REET ADDRESS	is eligible to satisfy its Intang ment and elects to do so. back) [ OFFICERS A ER, JACK SR. SOUTH HIGHWAY 441	Ible Fil.E-NC After May 1 Make Check Pa ND DIRECTORS	DWIII-FEE-I , 2002 Fee w ayable to Dep 12. Title NAME STREE Citry-S Title NAME STREE	S-\$150.00	<b>10.</b> Election Campaign Financir Trust Fund Contribution.	ng <b>5.0</b> Addeo S AND DIRECTOR	to Fees
ME       NAME         IEET ADDRESS       STREET ADDRESS         Y-ST-ZIP       IDelete         IEET ADDRESS       ITLE         NAME       CITY-ST-ZIP         IEET ADDRESS       IDelete         IEET ADDRESS       ITLE         NAME       STREET ADDRESS         CITY-ST-ZIP       Interfeature         IEET ADDRESS       STREET ADDRESS         (ITY-ST-ZIP)       Interfeature         Interfeature       STREET ADDRESS         (ITY-ST-ZIP)       Interfeature         Indicated on this report or supplemental report or 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 enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Statutes; and that my name appears in Block 11 or Block 12 if Statutes; and that my name appears in Block 11 or Block 12 if Statutes;	Signatur This.corporation. Tax filing require (See criteria on b LE D KINDI 9370 OCAL LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS HE KINDI	is eligible to satisfy its Intang ment and elects to do so. back) [ OFFICERS A ER, JACK SR. SOUTH HIGHWAY 441	ibleEILE-N( After May 1 Make Check Pa ND DIRECTORS Delete	DWIII-FEE-I , 2002 Fee w ayable to Dep 12. TiTLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	S-\$150.00 partment of State T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	<b>10.</b> Election Campaign Financir Trust Fund Contribution.	ng \$5.0 Addex S AND DIRECTOR [] Change	t to Fees S IN 11 Addition
LE Delete TITLE Change Addition ME KEET ADDRESS Y-ST-ZIP . Thereby 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 report or supplemental report 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 endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the corporation or the receiver or trustee endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	Signatur This.corporation. Tax filing require (See criteria on b LE D ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	is eligible to satisfy its Intang ment and elects to do so. back) [ OFFICERS A ER, JACK SR. SOUTH HIGHWAY 441	ibleFILE-N( After May 1 Make Check Pa ND DIRECTORS Delete Delete	DWIII-FEE-I , 2002 Fee w ayable to Dep 12. Title NAME STREEL CITY-S TITLE NAME STREEL CITY-S TITLE NAME STREEL CITY-S	S-\$150.00 partment of State T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	<b>10.</b> Election Campaign Financir Trust Fund Contribution.	ng\$5.0 Addea S AND DIRECTOR Change	t to Fees
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 report or supplemental report in the 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 endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	Signatur Tax filing require (See criteria on b LE D KINDI REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	is eligible to satisfy its Intang ment and elects to do so. back) [ OFFICERS A ER, JACK SR. SOUTH HIGHWAY 441	ibleFILE-N( After May 1 Make Check Pa ND DIRECTORS Delete Delete	DWIIII-FEE-II , 2002 Fee w ayable to Dep 12. Title NAME STREET City-S TITLE NAME STREET City-S TITLE NAME STREET City-S TITLE NAME STREET City-S TITLE NAME STREET City-S	S-\$150.00 partment of State T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	<b>10.</b> Election Campaign Financir Trust Fund Contribution.	ng\$5.0 Addea S AND DIRECTOR Change	t to Fees S IN 11 Addition Addition Addition
	Signatur Tax filing require (See criteria on b 1. TLE D KINDI REET ADDRESS 9370	is eligible to satisfy its Intang ment and elects to do so. back) [ OFFICERS A ER, JACK SR. SOUTH HIGHWAY 441	ibleFILE-N( After May 1 Make Check Pa ND DIRECTORS Delete Delete Delete	DWIII-FEE-I , 2002 Fee w ayable to Dep 12. Title NAME STREEL CITY-S TITLE NAME STREEL CITY-S TITLE NAME STREEL CITY-S TITLE NAME STREEL CITY-S TITLE NAME STREEL CITY-S TITLE NAME STREEL CITY-S	S-\$150.00 partment of State T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	<b>10.</b> Election Campaign Financir Trust Fund Contribution.	ng\$5.0 Addea S AND DIRECTOR Change Change Change Change	t to Fees S IN 11 Addition Addition Addition Addition