SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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	1997		7.7	ry of State CORPORATIONS	97 JUL 17 AM 8	3: 58
DOCU 1. Corporation	MENT #	S64831	(8)		SECRETARY OF S TALLAHASSEE, FL	STATE ORI DA
	TOWNE BRO		•		IN EBSTURY III III III III III III III III III I	
Principal Place	ce of Business		Mailing Address 5345 ORTEGA BLVD.	, 770	A SERVICE OF CUE STATE CONDUCTIVE OF THE	II BYDAF DIDAY DIDAY DIDAY DIDAY QADAF DIDAY IDDI
SUITE 11	LLE FL 32210		SUITE 11 JACKSONVILLE FL 32210	•	DO NOT WRITE	IN THIS SPACE
US	LEE IE GEETO		PHONOCHVILLE V.L. 32210	•	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal F	Place of Business		2a. Mailing Address		07/02/1991 4. FEI Number	04/30/1996 Applied For
Suite, Apt.	7 Box	871	26 Rt. 17, 801 Suite, Apt. #, etc.	k 871	59-3074257	Not Applicable \$8.75 Additional
22			27		5. Certificate of Status Desired	Fee Required
City & State		FL	City & State	1.FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4 3206	55	Country	Zip 32065	Country 30 Columbia	This corporation owes or has pa Personal Property Tax due June	· 1
	g. Name and	Address of Current			10. Name and Address of New Re	
	ROWN, CHARLE 345 o rtega bi			81 Name B	rown, Charles B.	,III.
SL	JITE 11			\perp R4. 1	ress (P.O. Box Number is Not Acceptate	le)
AL	CK80NVILLE F	FL 32210		83		
				84 Lake	City	FL 85 32055
11. Pursuant	t to the provisions	of Sections 607.0502	and 607, 1508, Florida Statute	es, the above-named corp	poration submits this statement for the c	urpose of changing Its registered
office or I	regiatered agent,	or both, in the State of	of Florida, Such change was a	authorized by the corporal	tion's board of directors. I hereby accep	ot the appointment as registered
office or agent. I a		/Curson	of Florida. Such change was a ions of, Section 607.0505, Florida.	authorized by the corporal orida Statutes.	tion's board of directors. I hereby accept	14-97
SIGNATURE		or both in the State of documents of the obligation of registered agent OFFICERS AND	of Florida. Such change was a ions of, Section 607.0505, Florida and title # applicable. (NOTE DIRECTORS	authorized by the corporal prida Statutes. Registered Agent signature requirements.	tion's board of directors. I hereby accept	DATE SERS AND DIRECTORS IN 12
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HOMETOWNE BROKERS, INC.

Licensed Mobile Home Brokers Rt. 17, Box 871 * Lake City, Florida 32055 (904)384-5061 / Fax (904)752-1504 (2)

July 14, 1997

Florida Department of State Annual Reports Filings Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: Hometowne Brokers, Inc. 1997 Annual Report

To Whom It May Concern:

This letter is to explain why Hometowne Brokers, Inc. Annual Report for 1997 is being filed late and to also explain to the Division of Corporations that the late filing was not intentional.

On July 14, 1997, we received a 2nd notice from you for our 1997 Annual Report. Wondering why we never received the 1st notice we began investigating. Our search found that we made an error on our 1996 Annual Report (enclosed). On that report we changed block 2 and inserted the word "same" in block 2a thinking that this would change both principal and mailing addresses to 4644 Palmer Ave., Jacksonville, Florida 32210. After review of our 1997 Report we realize it did not. Only the principal address was changed according to your records and this explains why we did not receive our 1st notice.

We ask that you please see this as a misunderstanding and not an intentional delay.

Thank you for your kind consideration in this matter and should you have any questions regarding this, please contact me at (904)384-5061.

Truly yours,

Charles B. Brown, III

President

CBB,III/jsb Enclosure (1) 97ANNRPT.WPD

TILE NOW: FILING FEE AFTER MAY 1 18 \$225.00

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS (8)S64831 DOCUMENT # Corporation Name THOMETOWNE BROKERS, INC. Principal Place of Business Malling Address 5345 ORTEGA BLVD. \$345 ORTEGA BLVD. SUITE 11 SUITE 11 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 3. Date Incorporated or Qualified 3a. Date of Last Report 07/02/1991 08/22/1995 4. FEI Number 1644 Palmer A Business 2a. Maling Address Applied For 59-3074257 Ave. Same 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be lacksonville. FL 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for Intangible tax under s. 199.032. Duval 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, CHARLES B., III 82 Street Address (P.O. Box Number is Not Acceptable) 5345 ORTEGA BLVD. 83 SUITE 11 JACKSONVILLE FL 32210 Zip Code 84 City 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 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECT 13. DELETE TITLE 1. 1 TITLE Change ☐ Addition Brown, Charles III BROWN, CHARLES III NAME 1.2 NAME 5941 ROCKY ROAD STREET ADDRESS 1.3 STREET ADDRESS Rt. 17, Box 871 JACKSONVILLE FL Lake City, FL 32055 CITY-\$T-ZIP 1.4 CHY-ST-ZIP DELETÉ ☐ Change TITLE 2. 1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3. 1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 8.4 CITY-ST-ZIP TITLE DELETE Change Addition 4. 1 TITLE NAME 4.2 NAME STREET ADDRESS **4.3 STREET ADDRESS** CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change ☐ Andition TITLE 5. 1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY+ST-ZIP DELETE Change me fil bA TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 City - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k). 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 certify 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 12 if changed, or on an experiment with an address. Charles B. Brown 1-19-96 (904)394-5061 SIGNATURE: