

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL 17 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S64831 (8)
1. Corporation Name
HOMETOWNE BROKERS, INC.

Principal Place of Business
4644 PALMER AVE
SUITE 11
JACKSONVILLE FL 32210
US

Mailing Address
5345 ORTEGA BLVD.
SUITE 11
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/02/1991
3a. Date of Last Report 04/30/1996

4. FEI Number 59-3074257
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 Rt. 17, Box 871
Suite, Apt. #, etc.

2a. Mailing Address
26 Rt. 17, Box 871
Suite, Apt. #, etc.

22 City & State
23 Lake City, FL
Zip Country
24 32065 25 Columbia

27 City & State
28 Lake City, FL
Zip Country
29 32065 30 Columbia

9. Name and Address of Current Registered Agent
BROWN, CHARLES B., III
5345 ORTEGA BLVD.
SUITE 11
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
81 Name Brown, Charles B., III
82 Street Address (P.O. Box Number is Not Acceptable)
83 Rt. 17, Box 871
84 City Lake City FL 85 Zip Code 32065

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 *Charles B. Brown, III* President 7-14-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|----------------------|----------------|--------------|
| <input type="checkbox"/> DELETE | P BROWN, CHARLES III | RT 17 BOX 871 | LAKE CITY FL |
| <input type="checkbox"/> DELETE | | | |
| <input type="checkbox"/> DELETE | | | |
| <input type="checkbox"/> DELETE | | | |
| <input type="checkbox"/> DELETE | | | |
| <input type="checkbox"/> DELETE | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
|---|----------|--------------------|-----------------|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

14. I do 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 *Charles B. Brown, III* 7-14-97 (904) 752-7927

CR2E034 (4/97)

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

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

3

DOCUMENT # S64831 (8)

1. Corporation Name

HOMETOWNE BROKERS, INC.



Principal Place of Business

5345 ORTEGA BLVD.
SUITE 11
JACKSONVILLE FL 32210

Mailing Address

5345 ORTEGA BLVD.
SUITE 11
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified
07/02/1991

3a. Date of Last Report
08/22/1995

2. Principal Place of Business

21 4644 Palmer Ave.

2a. Mailing Address

28 Same

4. FEI Number

59-3074257

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 has liability for Intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 Jacksonville, FL

City & State

28

Zip

24 32210

Country

25 Duval

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, CHARLES B., III
5345 ORTEGA BLVD.
SUITE 11
JACKSONVILLE FL 32210

81 Name

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

83

84 City

FL

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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 P ☐ DELETE
NAME BROWN, CHARLES III
STREET ADDRESS 5941 ROCKY ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Brown, Charles III
1.3 STREET ADDRESS Rt. 17, Box 871
1.4 CITY-ST-ZIP Lake City, FL 32055

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 119.07(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 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:

Charles B. Brown

1-19-96

(904)394-5061

Date

Outtime Phone