

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S77126 (8)
1. Corporation Name
GLAD TO BE HOME, INC.

Principal Place of Business:

~~4119 97TH AVE
TAMPA FL 33617
US~~

Mailing Address:

~~4119 97TH AVE
TAMPA FL 33617
US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
21 7100 GULF BLVD.
Suite, Apt. #, etc.
22 #B
City & State
23 ST. PETE BEACH, FL
Zip
24 33706
Country
25 USA
2a. Mailing Address:
26 7100 GULF BLVD.
Suite, Apt. #, etc.
27 #B
City & State
28 ST. PETE BEACH, FL
Zip
29 33706
Country
30 USA

3. Date Incorporated or Qualified
08/29/1991
4. FEI Number
59-3083100
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

9. Name and Address of Current Registered Agent

~~LOPINTO, CYNTHIA L.
4119 97TH AVE
TAMPA FL 33617~~

10. Name and Address of New Registered Agent

81 Name
Michael P. Hippert
82 Street Address (P.O. Box Number is Not Acceptable)
914 Sand Piper WAY
83
84 City
ST Petersburg FL
85 Zip Code
33707

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 of Michael P. Hippert~~

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/98

12. OFFICERS AND DIRECTORS

TITLE	OPT	<input type="checkbox"/> DELETE
NAME	LOPINTO, CYNTHIA L.	
STREET ADDRESS	4119 97TH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME	LOPINTO, JOSEPH P	
STREET ADDRESS	4119 97TH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Michael P. Hippert	
13 STREET ADDRESS	7100 GULF BLVD. suite B.	
14 CITY-ST-ZIP	ST. PETE BEACH FL 33706	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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.

SIGNATURE

~~Signature of Michael P. Hippert~~

4/29/98

(013) 268-0129

CR2E034 (10/97)