

✓ **SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0026506

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V27287		
1. Corporation Name WINSTON HILLS, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG 13 AM 9:08



Principal Place of Business 491 SE 16TH AVE POMPANO BEACH FL 33060 US	Mailing Address 491 SE 16TH AVE POMPANO BEACH FL 33060 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/01/1992	4. FEI Number 65-0322563 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 the current year Intangible Personal Property. ☐ Yes ☐ No
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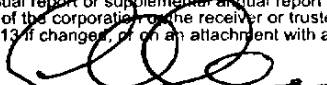
9. Name and Address of Current Registered Agent CONROY, COLIN 491 SE 16TH AVENUE POMPANO BEACH FL 33060	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CONROY, COLIN	1.2 NAME	700002962347--0
STREET ADDRESS	491 SE 16TH AVE	1.3 STREET ADDRESS	-08/17/99--01066--001
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CONROY, GENEVIEVE	2.2 NAME	
STREET ADDRESS	491 SE 16TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:  **COLIN CONROY** 8/11/99 (954) 941-1602

CR2E034 (5/99)



**THE
HOMETEAM**
INSPECTION SERVICE®



491 SE 16th Avenue • Pompano Beach, Florida 33060

(954) 941-1602 • Recording (954) 941-2317 • Fax (954) 941-2317 • Toll Free 1-888-388-2800

August 11, 1999

Annual Reports Filings
Division of Corporations
Att. Mr Sean Toner
PO Box 6327
Tallahassee, FL 32314

Dear Mr Toner,

Re. Winston Hills, Inc./FEI# 65-0322563

Please find enclosed our check for \$150.00 for the filing fee of our annual report. We have been notified by the Florida Department of State that the fee is \$550.00, however, as indicated by your office today we wish to advise you of the following circumstances:

- 1) Our office was not aware of the annual fee. In the past years, all correspondence from your office was sent to West Palm Beach to our accountant's address. This accountant was fired at the beginning of 1999. Following the termination, we advised your office of our address change. We believe the first notice of the annual fee was sent to our accountant's address.
- 2) The second notice advising us of the late fee arrived at the beginning of August. Handwritten on the front of the envelope was "delivered to wrong address". We can only ascertain that it was delayed because of this error.
- 3) Finally, because this fee has been paid in the past through our accountant, we were unaware of the procedures. Now, and in the future, this fee will be paid through our own account's payable system and we foresee no reasons for delay.

We trust that the above comments provide you with the necessary information to waive the \$400.00 late fee. Should you have any questions, please do not hesitate to phone our office on (954) 941-1602.

Thank you for your attention to this matter.

Sincerely yours,

Genevieve Conroy

Genevieve Conroy

Vice-President, Winston Hills, Inc. (DBA HomeTeam Inspection Service)