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

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

DOCUMENT # V27287

1. Corporation Name
WINSTON HILLS, INC.

Principal Place of Business	Mailing Address
491 SE 16TH AVE POMPANO BEACH FL 33060 US	491 SE 16TH AVE POMPANO BEACH FL 33060 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1992

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

CR2E034 (5/99)

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

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)