FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60905** **(9)**

1. Corporation Name
HOMER'S LANDING, INC.

Principal Place of Business	Mailing Address
31 SOUTH 4TH ST. FERNANDINA BEACH FL 32034	31 SOUTH 4TH ST. FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/31/1992**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3145853**	☐ 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	

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	D	11 TITLE	VP	☐ Change ☒ Addition
NAME	BERRY, WILLIAM S	12 NAME	Watson, William J.	
STREET ADDRESS	1177 SUMMER STREET	13 STREET ADDRESS	501 Centre Street	
CITY-ST-ZIP	STAMFORD CT	14 CITY-ST-ZIP	Fernandina Beach, Fl 32034	
TITLE	DP	21 TITLE	Controller	☐ Change ☒ Addition
NAME	ERICKSEN, WILLIAM D	22 NAME	Janette, Kenneth P.	
STREET ADDRESS	4 N W STREET	23 STREET ADDRESS	1177 Summer Street	
CITY-ST-ZIP	FERNANDINA BEACH FL	24 CITY-ST-ZIP	Stamford, Ct. 06904	
TITLE	D	31 TITLE	Assistant Controller	☐ Change ☒ Addition
NAME	POLLACK, GERALD J	32 NAME	Avery, Jimmy B.	
STREET ADDRESS	1177 SUMMER STREET	33 STREET ADDRESS	4 North 2nd Street	
CITY-ST-ZIP	STAMFORD CT	34 CITY-ST-ZIP	Fernandina Beach, Fl 32034	
TITLE	D	41 TITLE	S	☐ Change ☒ Addition
NAME	WATTS, ROGER H	42 NAME	Canning, John B.	
STREET ADDRESS	1177 SUMMER STREET	43 STREET ADDRESS	1177 Summer Street	
CITY-ST-ZIP	STAMFORD CT 06904	44 CITY-ST-ZIP	Stamford, Ct 06904	
TITLE	AS	51 TITLE	AS	☐ Change ☒ Addition
NAME	SHROADS, JAMES L	52 NAME	Berger, Mary J.	
STREET ADDRESS	31 SOUTH 4TH STREET	53 STREET ADDRESS	31 South 4th Street	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	54 CITY-ST-ZIP	Fernandina Beach, Fl 32034	
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	MACDONALD, AUGUSTE	62 NAME		
STREET ADDRESS	1177 SUMMER STREET	63 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	64 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)(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: James L Shroads 4/27/95 (904) 261-0828
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
JAMES L. SHROADS, Ass't. Sec'y.

000068 CP