

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 08/31/1992 3a. Date of Last Report 05/01/1995
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 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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

Signature (typed or printed name of agent) (Typed agent and firm if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D BERRY, WILLIAM S 1177 SUMMER STREET STAMFORD CT
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DP ERICKSEN, WILLIAM D 4 N W STREET FERNANDINA BEACH FL
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE D POLLACK, GERALD J 1177 SUMMER STREET STAMFORD CT
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE D WATTS, ROGER H 1177 SUMMER STREET STAMFORD CT 06904
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE AS SHROADS, JAMES L 31 SOUTH 4TH STREET FERNANDINA BEACH FL 32034
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE T MACDONALD, AUGUSTE 1177 SUMMER STREET STAMFORD CT
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. SHROADS

7/29/96

(904) 261-0823