

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:35

DOCUMENT # **280467** (2)

1. Corporation Name
HUSMANN & CO.

Principal Place of Business: **1111HILL ST. NEW SMYRNA BEACH FL 32169**
Mailing Address: **1111HILL ST. NEW SMYRNA BEACH FL 32169**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
625 N RIVER DR. STUART, FLA. 34994		625 N. RIVER DR. STUART, FLA. 34994		04/14/1964	05/01/1994
21. City & State	22. Zip	27. City & State	28. Zip	4. FEI Number	Applied For / Not Applicable
STUART FLA.	34994	STUART, FLA.	34994	59-1036581	
5. Certificate of Status Desired				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes?	
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution				9. Name and Address of Current Registered Agent	
<input type="checkbox"/> \$5.00 May Be Added to Fees				MARGARET HUSMANN 625 N. RIVER DR. #102 STUART FL 34994	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code
				FL	

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 registered agent and the date)
NOTE: Registered Agent signature required when remaining.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET C. HUSMANN,	1.2 NAME	
STREET ADDRESS	625 N. RIVER DR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	STUART FL 34994	1.4 CITY, ST, ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, CORYNNE	2.2 NAME	
STREET ADDRESS	602 SOUTH PINE TREE LANE	2.3 STREET ADDRESS	
CITY, ST, ZIP	PALM CITY FL 33490	2.4 CITY, ST, ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA H. DOBES,	3.2 NAME	
STREET ADDRESS	2898 RIVERMEADE DR. N.W.	3.3 STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA 30327	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBES, WILLIAM L	4.2 NAME	
STREET ADDRESS	2898 RIVERMEADE DR., N.W.	4.3 STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA 30327	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGO, CARTER	5.2 NAME	
STREET ADDRESS	602 S. PINE TREE LANE	5.3 STREET ADDRESS	
CITY, ST, ZIP	PALM CITY FL 33490	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 191.02(6)(b), Florida Statutes. I further certify that the information indicated on the 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret C. Husmann* - **MARGARET C. HUSMANN** 1-19-95 - 2107-695-1001
287-4407