

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

MAY - 1 AM 10: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708715 (8)
1. Corporation Name
FLEET RESERVISTS OF SEMINOLE COUNTY, FLORIDA, INCORPORATED

Principal Place of Business Mailing Address
3040 STATE ROAD 46 WEST SANFORD FL 32772-7461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/26/1965** 3a. Date of Last Report **07/13/1994**
4. FEI Number **59-1095520** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HULETT, LUCHES L.
507 SOUTH AVE
EUSTIS FL 32726**

10. Name and Address of New Registered Agent
B1 Name **JOSEPH A. HOFFMAN**
B2 Street Address (P.O. Box Number Is Not Acceptable) **1070 IRELAND DR.**
B3
B4 City **DELTONA** FL B5 Zip Code **32725**

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 *Joseph A. Hoffman* **JOSEPH A. HOFFMAN** DATE **5/5/95**

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD **HULETT, LUCHES L.
507 SOUTH AVE
EUSTIS FL 32726**
STD **WHITAKER, THOMAS
575 E. ROBERTS ST.
ORANGE CITY FL**
VD **POUNDS, ROY
105 CIRCLING WOOD CT
DAYTONA BCH FL 32124**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PRESIDENT PD** Change Addition
1.2 NAME **JOSEPH A. HOFFMAN**
1.3 STREET ADDRESS **1070 IRELAND DR**
1.4 CITY - ST - ZIP **DELTONA FL 32725**
2.1 TITLE **VICE PRESIDENT VD** Change Addition
2.2 NAME **ROY POUNDS**
2.3 STREET ADDRESS **105 CIRCLING WOOD CT**
2.4 CITY - ST - ZIP **DAYTONA, FL 32124**
3.1 TITLE **TREASURER TD** Change Addition
3.2 NAME **THOMAS WHITAKER**
3.3 STREET ADDRESS **575 E. ROBERTS ST.**
3.4 CITY - ST - ZIP **ORANGE CITY, FL 32763**
4.1 TITLE **SECRETARY SD** Change Addition
4.2 NAME **NORMAN KURZ**
4.3 STREET ADDRESS **209 BITTERSWEET DRIVE**
4.4 CITY - ST - ZIP **DE BARY, FL 32713**

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 addenda.

SIGNATURE: *Joseph A. Hoffman* **JOSEPH A. HOFFMAN** DATE **5/13/95** **904 532 6753**