

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **770632** (8)

1. Corporation Name

HCC PROPERTIES, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% T.L. TRIMBLE
2400 BEDFORD RD.
ORLANDO FL 32803

3. Date Incorporated or Qualified **10/07/1983** 3a. Date of Last Report **03/07/1994**

4. FEI Number **59-2361517** Applied For Not Applicable

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 Zip Country 29 Zip Country 30 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIMBLE, T.L.
2400 BEDFORD RD.
ORLANDO FL 32803

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 title if applicable.

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD**
NAME **WEISS, TITO**
STREET ADDRESS **212 SPRINGSIDE DRIVE**
CITY-ST-ZIP **LONGWOOD FL**

1.1 TITLE **S/T/D** Change Addition
1.2 NAME **WEISS, TITO**
1.3 STREET ADDRESS **2393 Sofia Lane**
1.4 CITY-ST-ZIP **Punta Gorda FL 33983**

TITLE **VD**
NAME **THOMPSON, JAMES D.**
STREET ADDRESS **105 WESSEX**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE **V/D** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DP**
NAME **BLAIR, MARDIAN**
STREET ADDRESS **1132 DORCHESTER**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **D/P** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **AS** Change Addition
4.2 NAME **BLOCK, MARK**
4.3 STREET ADDRESS **2400 Bedford Road**
4.4 CITY-ST-ZIP **Orlando, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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:

Mark Block

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Block, Assistant Secretary

FEBRUARY 21, 1995

Date

407-897-1919

Daytime Phone #