

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:39

DOCUMENT # **J97092** (7)  
1. Corporation Name  
**HODOVAL REFURBISHING, INC.**

Principal Place of Business      Mailing Address  
**3016 1/2 PACE STREET**      **P.O. BOX 540544**  
**ORLANDO FL 32810-5132**      **ORLANDO FL 32854-0544**  
**US**      **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/12/1987**      **02/25/1994**

2. Principal Place of Business      2a. Mailing Address  
21      25  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

4. FEI Number      Applied For  
**59-2860672**      Not Applicable

22      27  
City & State      City & State

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

23      28  
Zip      Country      Zip      Country

6. Election Campaign Financing Trust Fund Contribution       **\$5.00** May Be Added to Fees

24      25      29      30

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

**HODOVAL, LINDA L**  
**3016 1/2 PACE ST**  
**ORLANDO FL 32810**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      FL      B5 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 registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE      PS  
NAME      **HODOVAL, LINDA L.**  
STREET ADDRESS      **3016 1/2 PACE ST**  
CITY - ST - ZIP      **ORLANDO FL 32**

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP      **32854-0544**

TITLE      VT  
NAME      **HODOVAL, CHARLES L.**  
STREET ADDRESS      **3016 1/2 PACE ST**  
CITY - ST - ZIP      **ORLANDO FL**

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP      **32854-0544**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

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 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 067, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*      **L. Hodoval, Pres**      5.1.95      409-2993959  
SIGNATURE AND TYPE (FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)      Date      (Before 14 Nov 95)