

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

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1997 AUG 18 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000056093**
1. Corporation Name
Honaker & Associates, Inc.

Principal Place of Business: **R15 Dupont Ct.
Deltona Fla. 32725**
Mailing Address: **852-29 Saxon Blvd.
Ste. 326
Orange City, Fla.
32763**

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 Zip
24 Country	29 Country
25 USA	30 USA

3. Date Incorporated or Qualified 10/95	3a. Date of Last Report
4. FEI Number 59-3324342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name Lisa D. Honaker
	82 Street Address (P.O. Box Number is Not Acceptable) 852-29 Saxon Blvd.
	83 Ste. 326
	84 City Orange City
	85 State Code FL 32763

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 **Lisa D. Honaker** DATE **6/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dwayne A. Honaker	12 NAME	000002271600--5
STREET ADDRESS	852-29 Saxon Blvd. Ste. 326	13 STREET ADDRESS	-08/19/97--01085--002
CITY-ST-ZIP	Orange City Fla 32763	14 CITY-ST-ZIP	****160.00 ****160.00
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa D. Honaker	22 NAME	
STREET ADDRESS	852-29 Saxon Blvd. Ste. 326	23 STREET ADDRESS	
CITY-ST-ZIP	Orange City Fla 32763	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lisa D. Honaker** DATE: **6/30/97** (904) 532-2448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 21, 1997

slw Shawn
8/13/97
2:20pm

HONAKER & ASSOCIATES, INC.
852 - 29 SAXON BLVD.
SUITE 326
ORANGE CITY, FL 32763

SUBJECT: HONAKER & ASSOCIATES, INC.
Ref. Number: P95000056093

We have received your document for HONAKER & ASSOCIATES, INC. and check(s) totaling \$160.00. However, your check(s) and document are being returned for the following:

The fee to file the annual report is \$165.00 plus \$385.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Amy Alan
Document Specialist

Letter Number: 897A00036896

I never received my forms prior to May 1, 1997. I requested these forms numerous times, however I did not receive the forms until the end of June. When I contacted the Dept. of State, I was advised I would not have to pay a late fee. I spoke to Shawn today who advised me to send this letter explaining what happened along w/ the original filing fee. Thank you.