

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S97199 (1)

1. Corporation Name

HONOVER FINANCIAL RESOURCES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3303
APOPKA FL 32703

P.O. BOX 3303
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/26/1991

3a. Date of Last Report

08/12/1994

4. FEI Number

59-3100445

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

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAMBERS, EGBERT R.
3179 FOXWOOD DR.
APOPKA FL 32703

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SADDLER, HOWARD A
STREET ADDRESS	3321 WALTON RD
CITY - ST - ZIP	APOPKA FL
TITLE	VP
NAME	GORDON, SYBIL
STREET ADDRESS	26 SEAFLOWER PATH
CITY - ST - ZIP	PALM COAST FL
TITLE	T
NAME	SADDLER, RUTH
STREET ADDRESS	3321 WALTON RD
CITY - ST - ZIP	APOPKA FL
TITLE	S
NAME	CHAMBERS, EGBERT R
STREET ADDRESS	3179 FOXWOOD DR
CITY - ST - ZIP	APOPKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 as being added or omitted in accordance with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

(407)682-7320