

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000001214 (3)

1. Corporation Name

PHIL HAMULA MTG. CO.



Principal Place of Business

Mailing Address

3001 ALOMA AVE  
SUITE 108  
WINTER PARK FL 32792

3001 ALOMA AVE  
SUITE 108  
WINTER PARK FL 32792

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 2431 Aloma Ave.

26 2431 Aloma Ave

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Ste 213 Winter Park

27 Ste 213

City & State

City & State

23 FL 32792

28 Winter Park FL

Zip

Country

Zip

Country

24 U.S.

29 32792

30

4. FEI Number

59-3214722

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMULA, PHILLIP L  
3001 ALOMA AVE  
SUITE 108  
WINTER PARK FL 32792

81 Name Hamula Phillip L.

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

2431 Aloma Ave Ste 213

83 Winter Park, FL 32792

84 City Winter Park

FL

85 Zip Code

32792

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HAMULA, PHILLIP L  
STREET ADDRESS 3001 ALOMA AVE SUITE 108  
CITY-ST-ZIP WINTER PARK FL 32792

11 TITLE D  
12 NAME Hamula, Phillip L.  
13 STREET ADDRESS 2431 Aloma Ave Ste 213  
14 CITY-ST-ZIP Winter Park, FL 32792

TITLE D  
NAME HAMULA, LORRAINE R  
STREET ADDRESS 3001 ALOMA AVE SUITE 108  
CITY-ST-ZIP WINTER PARK FL 32792

21 TITLE D  
22 NAME Hamula, Lorraine R.  
23 STREET ADDRESS 2431 Aloma Ave Ste 213  
24 CITY-ST-ZIP Winter Park, FL 32792

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorraine Hamula Lorraine Hamula

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 5 '96 407 657-2008

Date

Daytime Phone #

CR2E034 (3/96)