

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010715

**Entity Name:** H.O.C.S. INC.

**Current Principal Place of Business:**

3438 EAST LAKE RD - STE. 14-617  
PALM HARBOR, FL 34685

**Current Mailing Address:**

3438 EAST LAKE RD - STE. 14-617  
PALM HARBOR, FL 34685

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HIGHTOWER, APRIL  
3438 EAST LAKE RD - STE. 14-617  
PALM HARBOR, FL 34685 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HIGHTOWER, APRIL  
Address 8787 SOUTHSIDE BLVD 5608  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name DAVENPORT, TAWANACA  
Address 2568 TEMPEST TRAIL  
City-State-Zip: LITHONIA GA 30058

Title TREA  
Name ROBERSON, JOHNATHAN  
Address 8787 SOUTHSIDE BLVD 2907  
City-State-Zip: JACKSONVILLE FL 32256

Title DIR  
Name ROBERSON, DEMETRIUS  
Address 6650 CORPORATE CENTER PKWY  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** APRIL HIGHTOWER

**PRESIDENT**

**04/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date