

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 303035 (0)

1. Corporation Name
HERMIL, INC.



Principal Place of Business

P.O. BOX 1363
COCOA FL 32923-1363

Mailing Address

P.O. BOX 1363
COCOA FL 32923-1363

3. Date Incorporated or Qualified
03/17/1966

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-1201083

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

WAGES, MILDRED L.
SUITE 20
814 DIXON BLVD
COCOA FL 32922

81

Name

MILDRED L. WAGES

82

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

862 DIXON BLVD.,

83

84

City

COCOA

FL

85 Zip Code
32922

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 PD ☐ DELETE
NAME WAGES, MILDRED L.
STREET ADDRESS 814 DIXON BLVD, SUITE 20
CITY-ST-ZIP COCOA FL 32922

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
1.2 NAME WAGES, MILDRED L.
1.3 STREET ADDRESS 862 DIXON BLVD.,
1.4 CITY-ST-ZIP COCOA, FLORIDA 32922 ☐ Change ☐ Addition

TITLE VD ☐ DELETE
NAME WAGES-PLOTKIN, VIRGINIA L.
STREET ADDRESS 205 3RD AVENUE #21-A
CITY-ST-ZIP NEW YORK NY 10003

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TVD ☐ DELETE
NAME JOHNSON, SUSAN W
STREET ADDRESS 4730 IVAN STREET
CITY-ST-ZIP COCOA FL

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

TITLE SD ☐ DELETE
NAME WAGES-DUGGAN, HELEN E.
STREET ADDRESS 455 ISLAND BEACH BLVD
CITY-ST-ZIP MERRITT ISLAND FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME SD
4.3 STREET ADDRESS WAGES-DUGGAN, HELEN E.
4.4 CITY-ST-ZIP 1090 SAINT GEORGE ROAD
MERRITT ISLAND, FLORIDA 32952 ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mildred L. Wages
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

407-636-1547

Date

Daytime Phone #

CR2E034 (12/95)