

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 345638

(1)

1. Corporation Name

LLOYD HUNDLEY, INC.

Principal Place of Business

**281 CARISSA DRIVE
PO BOX 158
PAHOKEE FL 33478**

Mailing Address

**281 CARISSA DRIVE
PO BOX 158
PAHOKEE FL 33478**

**APPROVED
AND
FILED**

95 APR 27 AM 7:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1969

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1260399

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**

9. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22
City & State

24
Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27
City & State

28
Zip

Country

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

**HUNDLEY JOHN
1216 E. GALLOP
LOXAHATCHEE FL 33478**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME HUNDLEY, WAYNE
STREET ADDRESS 316 FOREST AVENUE
CITY - ST - ZIP ALTAMONTE SPGS, FL 0

TITLE ~~VD~~
NAME ~~HUNDLEY, ESTHER~~
STREET ADDRESS ~~281 CARISSA DR~~
CITY - ST - ZIP ~~PAHOKEE, FL 33478~~

TITLE ~~AS~~
NAME CONLEY, ADA BUSH
STREET ADDRESS ~~300 HOMET AVE~~
CITY - ST - ZIP ~~PAHOKEE, FL 33478~~

TITLE PD
NAME HUNDLEY, JOHN
STREET ADDRESS 1216 E GALLOP
CITY - ST - ZIP LOXAHATCHEE, FL 0

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(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:

Ada Bush Conley **ADA BUSH CONLEY**

04/24/95

407-924-5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #