

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**'95 MAR 16 AM 10:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 484611 (9)**

1. Corporation Name  
**HUCON, INC.**

Principal Place of Business

**707 E. CERVANTES ST.  
PENSACOLA FL 32501  
US**

Mailing Address

**707 E. CERVANTES ST.  
PENSACOLA FL 32501  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/17/1975** 3a. Date of Last Report **04/08/1994**

4. FEI Number **59-1622381** 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**PARTINGTON, DONALD H  
125 W. ROMANO ST.  
STE. 800  
PENSACOLA FL 32501**

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

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                              |
|-----------------|------------------------------|
| TITLE           | <b>D</b>                     |
| NAME            | <b>TANNER, HUGH B.</b>       |
| STREET ADDRESS  | <b>630 WHITNEY DRIVE</b>     |
| CITY - ST - ZIP | <b>PENSACOLA FL</b>          |
| TITLE           | <b>CS</b>                    |
| NAME            | <b>TANNER, CONSTANCE N.</b>  |
| STREET ADDRESS  | <b>630 WHITNEY DRIVE</b>     |
| CITY - ST - ZIP | <b>PENSACOLA FL</b>          |
| TITLE           | <b>P</b>                     |
| NAME            | <b>TANNER, HUGH B. JR.</b>   |
| STREET ADDRESS  | <b>123 GILMORE DRIVE</b>     |
| CITY - ST - ZIP | <b>GULF BREEZE FL</b>        |
| TITLE           | <b>V</b>                     |
| NAME            | <b>DAVISON, ROBERT C.</b>    |
| STREET ADDRESS  | <b>708 EAST CERVANTES ST</b> |
| CITY - ST - ZIP | <b>PENSACOLA FL</b>          |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:**

*[Signature]*  
**HUGH B. TANNER, SR.**

**3/11/95**

**904.432-4119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER