FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:32

DOCUMENT # 535641 (5)

1. Corporation Name
HBA SERVICES, INC.

Principal Place of Business
544 MAYO AVENUE
MAITLAND FL 32751

Mailing Address
544 MAYO AVENUE
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/24/1977
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-1747007 ☐ 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

8. Name and Address of Current Registered Agent
PUGHE, T. ANDREW
544 MAYO AVENUE
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name: Anthony Martin
82 Street Address (P.O. Box Number is Not Acceptable): 544 Mayo Avenue
83
84 City: Maitland FL 85 Zip Code: 32751

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

TITLE	TVP
NAME	MARTIN, ANTHONY
STREET ADDRESS	544 MAYO AVENUE
CITY-ST-ZIP	MAITLAND FL
TITLE	P
NAME	PUGHE, T. ANDREW
STREET ADDRESS	544 MAYO AVENUE
CITY-ST-ZIP	MAITLAND FL
TITLE	ED
NAME	WEST, J. WALLACE
STREET ADDRESS	544 MAYO AVENUE
CITY-ST-ZIP	MAITLAND FL
TITLE	VP
NAME	PUGHE T. ANDREW
STREET ADDRESS	544 MAYO AVENUE
CITY-ST-ZIP	MAITLAND FL
TITLE	AVP
NAME	ROGERS, CHARLIE
STREET ADDRESS	544 MAYO AVENUE
CITY-ST-ZIP	MAITLAND FL
TITLE	SD
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	PD Anthony Martin 544 Mayo Ave Maitland, FL 32751	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Delete	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD Charlotte Williams 544 Mayo Ave Maitland, FL 32751	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VPD Chris Peterson 544 Mayo Ave Maitland, FL 32751	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	AVPD Charlie Roger 544 Mayo Ave Maitland, FL 32751	☒ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SD Wendy Cummins 544 Mayo Ave Maitland, FL 32751	☐ 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 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Anthony Martin, President
2/2/95 Date
407-629-9242 Daytime Phone Number

0042015 CP