

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 # 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 Orange

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/24/1977

3a. Date of Last Report

02/07/1995

4. FEI Number

58-1747007

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

10. Name and Address of New Registered Agent

B1 Name J. Wallace West

B2 Street Address (P.O. Box Number is Not Acceptable)

544 Mayo Avenue

B3 Maitland

B4 City

FL

B5

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 required for previous name of registered agent, see the Tag 54000)

(NOTE: Registered Agent signature required when resigning)

DATE

2/15/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
MARTIN, ANTHONY
544 MAYO AVE
MAITLAND FL
ED
WEST, J WALLACE
544 MAYO AVE
MAITLAND FL
VPD
PETERSON, CHRIS
544 MAYO AVE
MAITLAND FL
AVPD
ROGER, CHARLIE
544 MAYO AVE
MAITLAND FL
SD
CUMMINS, WENDY
544 MAY AVE
MAITLAND FL

☒ DELETE
☐ DELETE
☒ DELETE
☒ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

PD
Peterson, Chris
544 Mayo Avenue
Maitland, FL 32751
VPD
GATlin, Roger
544 Mayo Ave
Maitland, FL 32751
AVPD
Crosby, Dale
544 Mayo Avenue
Maitland, FL 32751
SD
Lundberg, David
544 Mayo Avenue
Maitland, FL 32751
TD
Williams, Charlotte
544 Mayo Avenue
Maitland, FL 32751

☒ 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 119.07(3)(a), 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 SIGNING OFFICER OR DIRECTOR

2/15/96

407-629-9042

CR2E034 (12/95)