

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32751-4573



3. Date Incorporated or Qualified 05/24/1977
3a. Date of Last Report 02/23/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

J WALLACE WEST
544 MAYO AVENUE
MAITLAND FL 32751

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GATLIN, ROGER	
STREET ADDRESS	544 MAYO AVE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	WEST, J WALLACE	
STREET ADDRESS	544 MAYO AVE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, CHRIS	
STREET ADDRESS	544 MAYO AVE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	AVPD	<input checked="" type="checkbox"/> DELETE
NAME	CROSBY, DALE	
STREET ADDRESS	544 MAYO AVENUE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LUNDBERG, DALE	
STREET ADDRESS	544 MAY AVE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLOTTE	
STREET ADDRESS	544 MAYO AVENUE	
CITY - ST - ZIP	MAITLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gatlin, Roger	
1.3 STREET ADDRESS	544 Mayo Ave	
1.4 CITY - ST - ZIP	Maitland, FL 32751	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Watkins, Ken	
3.3 STREET ADDRESS	544 Mayo Ave	
3.4 CITY - ST - ZIP	Maitland, FL 32751	
4.1 TITLE	AVPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Zimmer, Donald R.	
4.3 STREET ADDRESS	544 Mayo Avenue	
4.4 CITY - ST - ZIP	Maitland, FL 32751	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Knicely, Jan	
5.3 STREET ADDRESS	544 Mayo Ave	
5.4 CITY - ST - ZIP	Maitland, FL 32751	
6.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Utterback, Ron	
6.3 STREET ADDRESS	544 Mayo Ave	
6.4 CITY - ST - ZIP	Maitland, FL 32751	

14. I do hereby certify that the information supplied with this filing 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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/20/97 Daytime Phone #

CR2E034 (9/96)