

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90017 038 \*\*\*150.00

DOCUMENT # **535641**

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

3. Date Incorporated or Qualified

**05/24/1977**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHARLES ROGER	
STREET ADDRESS	544 MAYO AVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LAWRENCE FLEMING	
STREET ADDRESS	544 MAYO AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RONALD W ATTERBACK	
STREET ADDRESS	544 MAYO AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	THOMAS S LAGOMARSINO	
STREET ADDRESS	544 MAYO AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARGARET O TEMPLETON	
STREET ADDRESS	544 MAYO AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	AVPD	<input checked="" type="checkbox"/> DELETE
NAME	DONALD R ZIMMER	
STREET ADDRESS	544 MAYO AVE	
CITY-ST-ZIP	MAITLAND FL 32751	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Ray Bradd SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ray Braddick	
1.3 STREET ADDRESS	544 Mayo Ave	
1.4 CITY-ST-ZIP	Maitland, FL 32751	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William T. Nolan	
3.3 STREET ADDRESS	544 Mayo Ave	
3.4 CITY-ST-ZIP	Maitland, FL 32751	
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	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kim Goehring	
5.3 STREET ADDRESS	544 Mayo Ave.	
5.4 CITY-ST-ZIP	Maitland, FL 32751	
6.1 TITLE	AVPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Denise Cummins	
6.3 STREET ADDRESS	544 Mayo Ave	
6.4 CITY-ST-ZIP	Maitland, FL 32751	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)