

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 PM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 580223 (6)

1. Corporation Name

HUNTERS PARK DEVELOPMENT, INC.

Principal Place of Business

145 N. MAGNOLIA AVENUE
P.O. BOX 2828
ORLANDO FL 32802-2828

Mailing Address

145 N. MAGNOLIA AVENUE
P.O. BOX 2828
ORLANDO FL 32802-2828

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/26/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2320340	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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

WRIGHT, DONALD F
145 N. MAGNOLIA AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 re-electing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TREPANIER, LEO	1.2 NAME	
STREET ADDRESS	PAULUCCI BLDG.	1.3 STREET ADDRESS	
CITY, ST, ZIP	SANFORD FL	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	TREPANIER, ALFRED J	2.2 NAME	
STREET ADDRESS	RT 2 BOX 282-A RUSS RD	2.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSON OH	2.4 CITY, ST, ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLO, THOMAS	3.2 NAME	
STREET ADDRESS	41 WHITE MEADOW RD	3.3 STREET ADDRESS	
CITY, ST, ZIP	ROCKAWAY NJ	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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(4)(b), 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:

Leo Trepanier - Leo Trepanier
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

407-323-0025