

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

DOCUMENT # 586155 (4)

1. Corporation Name  
RL HOYT CORP.

Principal Place of Business  
400 S. RAMONA AVE  
INDIALANTIC FL 32903

Mailing Address  
400 S. RAMONA AVE  
INDIALANTIC FL 32903

APPROVED  
AND  
FILED

95 APR 17 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

|                                |  |                       |  |                                                                                                                                                     |  |                                       |  |
|--------------------------------|--|-----------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br>09/12/1978                                                                                                     |  | 3a. Date of Last Report<br>04/18/1994 |  |
| 21 842 PUESTA DEL SOL          |  | 26 842 PUESTA DEL SOL |  | 4. FEI Number<br>59-1848230                                                                                                                         |  | Applied For<br>Not Applicable         |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                           |  | \$8.75 Additional Fee Required        |  |
| 22 TX                          |  | 27 TX                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                  |  | \$5.00 May Be Added to Fees           |  |
| City & State                   |  | City & State          |  | 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |
| 23 INDIANTIC FL.               |  | 28 INDIANTIC FL.      |  |                                                                                                                                                     |  |                                       |  |
| Zip Country                    |  | Zip Country           |  |                                                                                                                                                     |  |                                       |  |
| 24 32903 25                    |  | 29 32903 30           |  |                                                                                                                                                     |  |                                       |  |

|                                                                                    |  |  |  |                                                                             |  |  |  |
|------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent                                    |  |  |  | 10. Name and Address of New Registered Agent                                |  |  |  |
| HOYT, ROBERT L<br>400 S. RAMONA AVE 842 PUESTA DEL SOL<br>INDIALANTIC, FL<br>32903 |  |  |  | 81 Name                                                                     |  |  |  |
|                                                                                    |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>842 PUESTA DEL SOL |  |  |  |
|                                                                                    |  |  |  | 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: R. L. HOYT DATE: 4/17/95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

|                            |                                      |                                                       |                                                                   |
|----------------------------|--------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | PD                                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOYT, ROBERT L                       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 400 S. RAMONA AVE 842 PUESTA DEL SOL | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | INDIALANTIC, FL 32903                | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | TD                                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOYT, BEVERLY C.                     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 400 S. RAMONA AVE 842 PUESTA DEL SOL | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | INDIALANTIC FL 32903                 | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                                      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                      | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                                      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                      | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                                      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                      | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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(3)(k), 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: R. L. HOYT DATE: 4/17/95 407-779-2430

Signature and typed or printed name of signing officer or director

PRESIDENT