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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

586155

(4)

DOCUM 1. Corporation I		55 (·	4)					
R.L. H	OYT CORP.							
Principal Place of	of Business	Malling Address						1 B1811 81831 1881
842 PUESTA INDIALTANTI		842 PUESTA I Indialantic I						
U\$		US			3. Date Incorporated or Qualified 09/12/1978	3a. Date of 04	Last Re /17/19	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<b>↓↓</b>		pplied For
1		26	<del></del>		59-1848230			lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired			Additional Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip	30 Co	ountry	8. This corporation has liability for Florida Statutes	intangible tax i	under s	199.032,
:4]	g. Name and Address of Currer			T	10. Name and Address of New I		ent	
				B1 Name				
HOYT, ROBERT L			<b>82</b> Str		dress (P.O. Box Number is Not Acceptal	ole)		
	ESTA DEL SOL			83				
32903	ANTIC, FL					<del></del>	1	
32303				84 City		FL	85 Zip	Code
familiar with SIGNATURE	h, and agrept the obligations of, Sec Signature, typed or printed name of registered agen	tion 607.0505, Florida S Und title if applicable	tatutes. (NOTE Register	ed Agent signature req		DATE	7	<del>-</del>
12.		ID DIRECTORS	13 re 1 1		ADDITIONS/CHANGES TO OF		Change	RS IN 12
TITLE	PD Hoyt, Robert L			TITLE NAME		لبيا	Onlonga	
NAME STREET ADDRESS	842 PUESTA DEL SOL			STREET ADDRESS				
CITY-ST-ZIP	INDIALANTIC, FL 32903		1.4	CITY-ST-ZIP				
TITLE	TD	☐ DELE	TE 2.1	TITLE			Change	Addition
NAME	HOYT, BEVERLY C.			NAME				
STREET ADDRESS	842 PUESTA DEL SOL			STREET ADDRESS				
CITY - ST-ZIP	INDIALANTIC FL	T DELE		CITY-ST-ZIP TITLE		<u> </u>	Change	Addition
TIFLE NAME		_ >::::	l l	NAME			•	_
STREET ADDRESS			l l	STREET ADDRESS				
CITY-ST-ZIP			34	CITY-ST-ZIP				
TITLE		DELE	TE 4.	TITLE			Change	☐ Addition
NAME				NAME				
STREET ADDRESS				STREET ADORESS				
CITY-ST-ZIP		☐ DELE		CITY-ST-ZIP 1 TITLE			Change	Addition
HILE NAMÉ				NAME		٠		
STREET ADDRESS			4	STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-7IP				
THLE		☐ DELE	TE 6	1 TITLE			Change	Addition
NAME			6.2	NAME				
STREET ADDRESS			63	STREFT ADDRESS				
C(1) Y - ST - Z(P		Locate state different and a	64	CITY-ST-ZIP	fuller the examplian stated in Costice 15	0.07/3)/IA Flori	da Statur	toe I further
certify that	ista a information indicated on this cor	nual report or supplement foration or the receiver of	ntal annual repoi or trustee empov	d ie trije and acc	fy for the exemption stated in Section 11: urate and that my signature shall have the this report as required by Chapter 607, I	e same lecal e	neccas i	r made under

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