

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 586169 (5)

1. Corporation Name

H.C. CONNELL, INC.



Principal Place of Business

400 MCCORMACK ST.
P.O. BOX 490700
LEESBURG FL 34749-7700

Mailing Address

400 MCCORMACK ST.
P.O. BOX 490700
LEESBURG FL 34749-7700

3. Date Incorporated or Qualified

09/12/1978

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1847845

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNELL, H.C.
400 MCCORMACK ST.
LEESBURG FL 34748

81 Name

Russell F. Casson

82 Street Address (P.O. Box Number is Not Acceptable)

83

400 McCormack ST

84 City

Leesburg

FL

85

Zip Code

34748

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

Russell F. Casson
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CONNELL, H.C.	
STREET ADDRESS	6780 CR 468A	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CONNELL, DUANE	
STREET ADDRESS	1712 CONNELL RD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CONNELL, LOIS	
STREET ADDRESS	6780 CR 468A	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCMILLAN, WILLIE	
STREET ADDRESS	40128 BABB ROAD	
CITY-ST-ZIP	UMATILLA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WINKLE, RICHARD	
STREET ADDRESS	18033 ROSE ST	
CITY-ST-ZIP	GROVELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CASSON, RUSSELL F.	
STREET ADDRESS	9820 JACKSON ROAD	
CITY-ST-ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph P. Powers	
1.3 STREET ADDRESS	1601 Forum Place, Suite 1110	
1.4 CITY-ST-ZIP	West Palm Beach, FL	
2.1 TITLE	VM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ralph Ouimette	
2.3 STREET ADDRESS	400 McCormack ST	
2.4 CITY-ST-ZIP	Leesburg, FL	
3.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William J. Mercurio	
3.3 STREET ADDRESS	1601 Forum Place, Suite 1110	
3.4 CITY-ST-ZIP	West Palm Beach, FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Casson, Russell F.	
6.3 STREET ADDRESS	9820 Jackson RD	
6.4 CITY-ST-ZIP	Leesburg, FL	

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 119.07(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:

Russell F. Casson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
DATE

Daytime Phone #

CR2E034 (12/95)