

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:14

DOCUMENT # 588960

(5)

1. Corporation Name

DELOACH & HOFSTRA, P.A.

Principal Place of Business

**8640 SEMINOLE BLVD
SEMINOLE FL 34642-4328
US**

Mailing Address

**P.O. BOX 3390
SEMINOLE FL 34642-3445
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/25/1978	01/28/1994
4. F.I.I. Number	Applied For
59-1851895	☐ Not Applicable
5. Certificate of Status Desired	☐ \$0.75 Additional Fee Required
6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**DELOACH, DENNIS R., JR.
8640 SEMINOLE BLVD
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	34642
83. City	

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) (Print or printed name of registered agent and title if applicable)

(Signature) (Print or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DELOACH, JR., DENNIS R.	12 NAME	
STREET ADDRESS	8640 SEMINOLE BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	14 CITY - ST - ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	HOFSTRA, PETER T	22 NAME	
STREET ADDRESS	8640 SEMINOLE BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4), Florida Statutes. I further certify that the information included in 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 as Block 12 or Blocks 13 through 14 of this filing with an addition.

SIGNATURE:

(Signature) (Print or printed name of signing officer or director)

DENNIS R. DELOACH JR. 2/8/95 813-577-5571