

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 APR -3 PK 5: 18

DOCUMENT # 627713 (1)

**1. Corporation Name
HOO, INC.**

Principal Place of Business

**% CHARLES HOO
325 S.W. AVENUE B
BELLE GLADE FL 33430**

Mailing Address

**% CHARLES HOO
325 S.W. AVENUE B
BELLE GLADE FL 33430**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/27/1979 3a. Date of Last Report 03/15/1994

4. FEI Number 59-2138931

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOO, MICHAEL
325 S.W. AVENUE B
BELLE GLADE FL 33430**

01 Name

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

03

04 City

FL

05 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE D
NAME HOO, CHARLES
STREET ADDRESS 19850 S.W. 127TH AVENUE
CITY-ST-ZIP MIAMI FL**

**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

**TITLE PD
NAME HOO, MICHAEL
STREET ADDRESS 1009 S.E. 2ND STREET
CITY-ST-ZIP BELLEGLADE FL**

**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

**TITLE STD
NAME HOO, ANTHONY
STREET ADDRESS 19850 S.W. 127TH AVENUE
CITY-ST-ZIP MIAMI FL**

**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

**TITLE VD
NAME HOO, STEPHEN
STREET ADDRESS 19850 S.W. 127TH AVENUE
CITY-ST-ZIP MIAMI FL**

**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)

STEPHEN F HOO 032898 407 9967646