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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 12:10

DOCUMENT # **689629** **(4)**

1. Corporation Name
HEMLOCK, INC.

Principal Place of Business	Mailing Address
C/O LOUIS T.M. CONTI 200 S ORANGE AVE #2600/P O BOX 1526 ORLANDO FL 32801	C/O LOUIS T.M. CONTI 200 S ORANGE AVE #2600/P O BOX 1526 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1980**
3a. Date of Last Report: **02/15/1994**

4. FEI Number: **59-2106943** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 % Darlene A. Spezzi	26 5594 N. Orange Blossom Tr.
Suite, Apt. #, etc. 22 5594 N. Orange Blossom Tr.	Suite, Apt. #, etc. 27 Suite 103
City & State 23 Orlando, Fl. 32810	City & State 28 Orlando, Fl. 32810
Zip / Country 24 32810 / 25 Orange	Zip / Country 29 32810 / 30 Orange

9. Name and Address of Current Registered Agent

CONTI, LOUIS T. M.
200 S ORANGE AVE #2600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Gary S. Abely
82 Street Address (P.O. Box Number is Not Acceptable): 2304 E. Robinson Street
83
84 City: Orlando **FL** 85 Zip Code: 32803

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: Gary S. Abely 3/30/95
Signature, typed or printed name of registered agent and title if agent is a corporation (NOTE: Registered Agent Signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~CONTI, LOUIS T. M.~~ DELETE ~~200 S ORANGE AVE #2600~~ ~~ORLANDO FL~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition DPS Darlene A. Spezzi 5594 N. Orange Blossom Tr. Suite 103 Orlando, Fl. 32810
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST ~~ALMIHDAR, ALAWI~~ DELETE ~~200 S ORANGE AVE #2600~~ ~~ORLANDO FL~~	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~ALMIHDAR,ALAWI~~ DELETE ~~200 S ORANGE AVE #2600~~ ~~ORLANDO FL~~	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~ALMIHDAR,ALI~~ DELETE ~~200 S ORANGE AVE #2600~~ ~~ORLANDO FL~~	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(i), 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: Darlene A. Spezzi 03/17/95 (407) 422-8358
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0082950 CP