FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:27

DOCUMENT # 744098 (5)

1. Corporation Name
HIS WAY, INC.

Principal Place of Business	Mailing Address
2084 ONETA COURT ORLANDO FL 32818	2084 ONETA COURT ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1978
3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-1854374 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, B.G.
2084 ONETA COURT
ORLANDO, FL. 32818

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SHIREY, CLARA N	1.2 NAME	BALL, LARRY	
STREET ADDRESS	2093 ONETA COURT	1.3 STREET ADDRESS	4910 Louvre Avenue	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	Orlando, FL 32812	
TITLE	PD	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	BROWN, B G	2.2 NAME	SHIREY, LINDA D.	
STREET ADDRESS	2084 ONETA COURT	2.3 STREET ADDRESS	2093 Oneta Court	
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	Orlando, FL 32818	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HAHN, RICHARD	3.2 NAME		
STREET ADDRESS	738 PALM DR	3.3 STREET ADDRESS	delete Richard Hahn	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWN, DIANE M.	4.2 NAME	BROWN, DIANE M.	
STREET ADDRESS	2084 ONETA CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	CALLAGHAN, LEORA A	5.2 NAME	CALLAGHAN, LEORA	
STREET ADDRESS	126 SPANISH MOSS CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	TAYLOR, CLAY	
STREET ADDRESS		6.3 STREET ADDRESS	2008 Paula Michele Court	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ocoee, FL 34761	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: B. G. BROWN B. G. Brown 2/10/95 407/299-4817
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0034388