

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 744098 (5)

1. Corporation Name

HIS WAY, INC.



Principal Place of Business

2084 ONETA COURT  
ORLANDO FL 32818

Mailing Address

2084 ONETA COURT  
ORLANDO FL 32818

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified  
08/30/1978

3a. Date of Last Report  
02/14/1995

4. FEI Number

59-1854374

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BALL, LARRY	
STREET ADDRESS	4910 LOUVRE AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHIREY, LINDA D	
STREET ADDRESS	2093 ONETA COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, CLAY	
STREET ADDRESS	2008 PAULA MICHELE COURT	
CITY-ST-ZIP	OC00E FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, DIANE M	
STREET ADDRESS	2084 ONETA CT	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CALLAGHAN, LEORA A	
STREET ADDRESS	126 SPANISH MOSS CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	B.G. BROWN	
1.3 STREET ADDRESS	2084 ONETA CT	
1.4 CITY-ST-ZIP	ORLANDO FL 32818	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CLARA N. SHIREY	
2.3 STREET ADDRESS	2093 ONETA CT	
2.4 CITY-ST-ZIP	ORLANDO FL 32818	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PATRICIA G. McDONNELL	
3.3 STREET ADDRESS	1707 BUNKER HILL CT	
3.4 CITY-ST-ZIP	ORLANDO FL 32807	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B.G. BROWN

Date

4/10/96

Daytime Phone #

407/299-4817

CR2E037 (12/95)