

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 # 770632 (8)  
1. Corporation Name  
HCC PROPERTIES, INCORPORATED



Principal Place of Business Mailing Address  
% T.L. TRIMBLE  
2400 BEDFORD RD.  
ORLANDO FL 32803  
% T.L. TRIMBLE  
2400 BEDFORD RD.  
ORLANDO FL 32803

2. Principal Place of Business 2a. Mailing Address  
21 111 N. ORLANDO AVE 26 111 N. ORLANDO AVE.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 WINTER PARK, FL 28 WINTER PARK, FL  
Zip Country Zip Country  
24 32789 25 ORANGE 29 32789 30 ORANGE

3. Date Incorporated or Qualified 10/07/1983 3a. Date of Last Report 03/15/1995  
4. FEI Number 59-2361517 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

9. Name and Address of Current Registered Agent

TRIMBLE, T.L.  
2400 BEDFORD RD.  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name TRIMBLE, T.L.  
82 Street Address (P.O. Box Number is Not Acceptable) 111 NORTH ORLANDO AVENUE  
83  
84 City WINTER PARK FL 85 Zip Code 32789

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 T. L. TRIMBLE (J. L. Trimble)  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/26/96  
DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
STD WEISS, TITO 2393 SOFIA LANE PUNTA GORDA FL  
VD THOMPSON, JAMES D. 105 WESSEX ALTAMONTE SPRINGS FL  
DP BLAIR, MARDIAN 1132 DORCHESTER ORLANDO FL  
AS BLOCK, MARK 2400 BEDFORD RD ORLANDO FL  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  
6.1 TITLE 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: Mark Block  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

407/975-1410

Date Daytime Phone #

CR2E037 (12/95)