2-21-95 43-140.3-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 21 AM 9:08

DOCUMENT # F05054 (4)

1. Corporation Name
W.F. HOFFMAN, INC.

Principal Place of Business	Mailing Address
380 GOLF BROOK CIRCLE STE. #102 LONGWOOD FL 32779 US	P.O. BOX 3064 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/10/1980
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business
21 2458 Sweetwater C.C. DR.
22 Suite, Apt. #, etc.
23 City & State: APOPKA - FL
24 Zip: 32712 25 Country: ORANGE

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2048736 ☐ 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

HOFFMAN, W A
380 GOLF BROOK CIRCLE
STE. #102
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: HOFFMAN W. A.
82 Street Address (P.O. Box Number is Not Acceptable): 2458 Sweetwater C.C. DR.
83
84 City: APOPKA FL 85 Zip Code: 32703

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
(Typed name and title 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	STD	11 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, JR W A	12 NAME	
STREET ADDRESS	380 GOLF BROOK CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, EDWINA J.	22 NAME	
STREET ADDRESS	380 GOLF BROOK CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added to the report.

SIGNATURE: _____ 1-10-95 (407) 889-9224
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (DATE) (AREA CODE AND DAYTIME TELEPHONE NUMBER)
W. A. HOFFMAN

0416006 FP