

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F05054 (4)

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



Principal Place of Business: **2458 SWEETWATER CC DR APOPKA FL 32712 US**
Mailing Address: **P.O. BOX 3064 LONGWOOD FL 32779**

3. Date Incorporated or Qualified: **11/10/1980**
3a. Date of Last Report: **02/21/1995**

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

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

10. Name and Address of New Registered Agent

**HOFFMAN, W A
2458 SWEETWATER C C DR
APOPKA FL 32719**

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

Signature: typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **STD** DELETE
NAME: **HOFFMAN, JR W A** *P.O. Box 3064*
STREET ADDRESS: **880 GOLF BROOK CIRCLE**
CITY- ST- ZIP: **LONGWOOD FL 32779** *Longwood FL 32779*
TITLE: **P** DELETE
NAME: **HOFFMAN, EDWINA J.** *P.O. Box 3064*
STREET ADDRESS: **880 GOLF BROOK CIRCLE** *Longwood, FL*
CITY- ST- ZIP: **LONGWOOD FL 32779** *32779*
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE Change 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 607, 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

1-15-96 Date *(407) 889-9224* Daytime Phone

CR2E034 (12/95)