

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Feb 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 32779-0064**

3. Date Incorporated or Qualified: **11/10/1980**
3a. Date of Last Report: **03/15/1996**

2. Principal Place of Business: **21 Suite #13**
2a. Mailing Address: **26 Suite #13**
22 **7850 So. Pine (US 441)**
27 **7850 So. Pine (US 441)**
23 **Ocala, Fl.**
28 **Ocala, Fl**
24 **34480** 25 **Marion** 29 **34480** 30 **Marion**

4. FEI Number: **59-2048736**
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
2458 SWEETWATER C C DR
APOPKA FL 32719**

10. Name and Address of New Registered Agent
81 Name: **W.A. Hoffman**
82 Street Address (P.O. Box Number is Not Acceptable): **Suite #13**
83 **7850 So. Pine (US 441)**
84 City: **Ocala, Fl.** 85 Zip Code: **FL 34480**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, JR W A	
STREET ADDRESS	P.O. BOX 3064	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, EDWINA J.	
STREET ADDRESS	P.O. BOX 3064	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	W.A. Hoffman	
1.3 STREET ADDRESS	Suite #13 -7850 So. Pine (US 441)	
1.4 CITY-ST-ZIP	Ocala, Fl. 34480	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PM Hoffman	
2.3 STREET ADDRESS	Suite #13-7850 So. Pine(US 441)	
2.4 CITY-ST-ZIP	Ocala, Fl. 34480	
3.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MA Hoffman	
3.3 STREET ADDRESS	Suite #13-7850 So Pine (US 441)	
3.4 CITY-ST-ZIP	Ocala, Fl. 34480	
4.1 TITLE	Ocala, Fl. 34480	<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 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 1 or Block 2, if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED January 14, 1997 1-800-330-2957

CR2E034 (9/96)