# 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

APPROVED AND FILED

95 FEB 27 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F50372** **(4)**

1. Corporation Name
**H. T. E., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 390 N ORANGE AVE., SUITE 2000<br>ONE DUPONT CENTRE<br>ORLANDO FL 32801 | 390 N ORANGE AVE., SUITE 2000<br>ONE DUPONT CENTRE<br>ORLANDO FL 32801 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1981**
3a. Date of Last Report: **03/16/1994**

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

4. FEI Number: **59-2133858** ☐ 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

**CORPORATION INFORMATION SERVICES, INC.**
**1201 HAYES STREET**
**TALLAHASSEE FL 32301**

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 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)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where mandated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | V | 11 TITLE | D ☐ Change ☒ Addition |
| NAME | LAUGHLIN, ROBERT W | 12 NAME | PETER ROBERTS |
| STREET ADDRESS | 6727 GRAND BAHAMA DR. | 13 STREET ADDRESS | 100 FEDERAL ST |
| CITY-ST-ZIP | TAMPA FL 33615 | 14 CITY-ST-ZIP | BOSTON MA 02110 |
| TITLE | PD | 21 TITLE | D ☐ Change ☒ Addition |
| NAME | HARWARD, DENNIS J | 22 NAME | BERNARD MARKEY |
| STREET ADDRESS | 3170 WHISPER WIND DR. | 23 STREET ADDRESS | 259 RADNOR-CHESTER ROAD |
| CITY-ST-ZIP | ST. CLOUD FL 34771 | 24 CITY-ST-ZIP | RADNOR PA 19087 |
| TITLE | VSD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | HARWARD, JACK L | 32 NAME | |
| STREET ADDRESS | 276 CLEARVIEW ROAD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | CHULUOTA FL 32756 | 34 CITY-ST-ZIP | |
| TITLE | VAST | 41 TITLE | ☐ Change ☐ Addition |
| NAME | WIPPER, DENNIS J | 42 NAME | |
| STREET ADDRESS | 105 MINNEHAHA CIRCLE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND FL 32751 | 44 CITY-ST-ZIP | |
| TITLE | V | 51 TITLE | ☐ Change ☐ Addition |
| NAME | GOODROW, RONALD E | 52 NAME | |
| STREET ADDRESS | 843 GOLF VALLEY DR. | 53 STREET ADDRESS | |
| CITY-ST-ZIP | SWEETWATER FL 32712 | 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 on an attachment with an address.

**SIGNATURE:** DENNIS J. WIPPER 2/2/95 (407)841-3235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

0080003 CP