

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F59855  
1. Corporation Name  
TOLLMAN HUNDLEY FLORIDA, INC.

(9)



Principal Place of Business  
1886 ROUTE 52  
HOPWELL JUNCTION NY 12533  
US

Mailing Address  
1886 ROUTE 52  
HOPWELL JUNCTION NY 12533  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1981

4. FEI Number

59-2280647

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	TOLLMAN, STANLEY	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPWELL JUNCTION NY 12533	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOLLMAN, ARNOLD	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPWELL JUNCTION NY 12533	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUNDLEY, MONTY	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPWELL JUNCTION NY 12533	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	FREEDMAN, SANFORD	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPWELL JUNCTION NY 12533	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOLLMAN, BRETT G.	
1.3 STREET ADDRESS	1886 ROUTE 52	
1.4 CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KENDZIEBA, CRAIG	
2.3 STREET ADDRESS	1886 ROUTE 52	
2.4 CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<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 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)