

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002438 (0)

1. Corporation Name

HUNTER AND ASSOCIATES MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/25/1993** 3a. Date of Last Report **04/19/1994**

4. FEI Number **22-2923317** 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

2. Principal Place of Business

2b. Mailing Address

21 **5901 Sun Blvd**

26 **5901 Sun Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 107**

27 **# 107**

City & State

City & State

23 **St. Petersburg, FL**

28 **St. Petersburg, FL**

Zip Country

Zip Country

24 **33715-1161** 25

29 **33715-1161** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEREW, MERRILEE
5901 SUN BLVD. #206
ST. PETERSBURG FL 33715**

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 then if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC**
NAME **CALDWELL, GEORGE**
STREET ADDRESS **8785 WEST HIGGINS RD., #410**
CITY - ST - ZIP **CHICAGO IL 60631**

1.1 TITLE ☐ Change ☐ Addition

TITLE **P**
NAME **HUNTER, DAVID P**
STREET ADDRESS **328 EAST MAIN ST.**
CITY - ST - ZIP **MOORESTOWN NJ 08057**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE **VP**
NAME **GEREW, MERRILEE**
STREET ADDRESS **808 3RD AVE. SO.**
CITY - ST - ZIP **ST. PETERSBURG FL 33715**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 110.07(3)(a), 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: *Merrilee Gerew*

MERRILEE GEREW

4/24/95

9/3-966-1330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Phone #