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 APR 27 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G12907 (3)

1. Corporation Name
HAPPENINGS REAL ESTATE INC.

Principal Place of Business	Mailing Address
4795 FAY BLVD., #8 COCOA FL 32927	4795 FAY BLVD., #8 COCOA FL 32927

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/13/1982
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 59-2239485 ☐ 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

MESSER, SANDRA J.
6440 BANKS AVE
COCOA FL 32927

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 when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	V-Treasurer	☒ Change ☐ Addition
NAME	MESSER, JIMMY J	1.2 NAME	Randel L. Rodriguez	
STREET ADDRESS	6440 BANKS AVE	1.3 STREET ADDRESS	4742 Brookhaven St.	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	Cocoa Fl. 32927	
TITLE	P	2.1 TITLE	P/Secretary	☐ Change ☒ Addition
NAME	MESSER, SANDRA J.	2.2 NAME		
STREET ADDRESS	6440 BANKS AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	MOUNTFORD, EDWARD J.	3.2 NAME	Eliminate	
STREET ADDRESS	1315 KILLEARN DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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, added or altered, on an attachment with an address.

SIGNATURE: Randel L. Rodriguez 4/27/95 407-631-2128
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073030 CP