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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **G18692** (5)  
1. Corporation Name  
**HONEYCOMB & COMPOSITE TRAINING, INC.**

Principal Place of Business: **33 BAY POINTE DR. ORMOND BCH FL 32174**  
Mailing Address: **33 BAY POINTE DR. ORMOND BCH FL 32174**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>180 Deer Lake Circle</b>	26	<b>180 DEER LAKE CIRCL</b>	<b>01/13/1983</b>	<b>01/28/1994</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				<b>06-1047856</b>	<input type="checkbox"/> Not Applicable
22	<b>Ormond Beach</b>	27	<b>Ormond Beach</b>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>Florida</b>		<b>FL.</b>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	Zip	28	Zip		
	<b>32174</b>		<b>32174</b>		
24	Country	25	Country		
	<b>Volusia</b>		<b>Volusia</b>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LAJOY, WILLIAM 33 BAY POINTE DR ORMOND BCH FL 32174</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				<b>FL</b>			

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	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAJOY, WILLIAM F</b>	1.2 NAME	
STREET ADDRESS	<b>33 BAY POINTE DR</b>	1.3 STREET ADDRESS	<b>180 Deer Lake Circle</b>
CITY-ST-ZIP	<b>ORMOND BCH FL</b>	1.4 CITY-ST-ZIP	<b>Ormond Beach, FL 32174</b>
TITLE	<b>STD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAJOY, BARBARA</b>	2.2 NAME	
STREET ADDRESS	<b>33 BAY POINTE DR</b>	2.3 STREET ADDRESS	<b>180 Deer Lake Circle</b>
CITY-ST-ZIP	<b>ORMOND BCH FL</b>	2.4 CITY-ST-ZIP	<b>Ormond Beach, FL 32174</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>900001391369</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>-01/27/95--01056--009</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>CH</b>

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)(k), 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 Barbara Lajoy Secretary Date Jan 14, 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR