

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:45

DOCUMENT # G84077 (8)

1. Corporation Name

HOYMAN, DOBSON & COMPANY, P.A.

Principal Place of Business

**6767 NORTH WICKHAM ROAD
MELBOURNE FL 32940**

Mailing Address

**6767 NORTH WICKHAM ROAD
MELBOURNE FL 32940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/05/1984

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2369629

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

21 215 BAYTREE DRIVE

2a. Mailing Address

26 215 BAYTREE DRIVE

Suite, Apt. #, etc.

22 SUITE 1

Suite, Apt. #, etc.

27 SUITE 1

City & State

23 MELBOURNE FL

City & State

28 MELBOURNE FL

Zip

24 32940

Country

25 FLORIDA

Zip

29 32940

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOYMAN, CHARLES W. JR
6767 NORTH WICKHAM ROAD
MELBOURNE FL 32940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

215 BAYTREE DRIVE

83 SUITE 1

84 City **MELBOURNE**

FL

85 Zip Code **32940**

11. Pursuant to the provisions of Sections 607.0503 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

Charles W. Hoyman Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/3/95
DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP
HOYMAN, CHARLES W. JR.
3165 HILLIARD CT.
MELBOURNE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DS
OSWALT, BARBARA J.
675 WATERWOOD WAY
MELBOURNE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DT
KIRK, THOMAS L.
695 CANAL CT.
SATELLITE BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

844 OAK PARK DRIVE

MELBOURNE, FLORIDA 32940

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 is 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:

Charles W. Hoyman Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES W. HOYMAN JR.

4/3/95
Date

407-254-9700
Telephone Number