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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:40

DOCUMENT # **G91841** **(8)**

1. Corporation Name
ORRIE'S INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
P O BOX 06039 P O BOX 60039 N/A FT MYERS FL 33906 US	P O BOX 60039 N/A FT MYERS FL 33906 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1984
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 2023 KATHERINE ST.	26 2023 KATHERINE ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT. MYERS, FLA.	28 City & State: FT. MYERS, FLA.
24 Zip: 33901 25 Country: Lee	29 Zip: 33901 30 Country: Lee

4. FEI Number: 59-2391880 — 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

HILLIKER, RICHARD O.
2023 KATHERINE ST
FT MYERS FL 33901

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	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	HILLIKER, RICHARD O.	12 NAME	RICHARD O. HILLIKER
STREET ADDRESS	5010 DOCKSIDE CT	13 STREET ADDRESS	2023 KATHERINE ST.
CITY ST ZIP	FT MYERS FL	14 CITY ST ZIP	FT. MYERS, FLA. 33901
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HILLIKER, D. JAMES	22 NAME	
STREET ADDRESS	101 COLUMBUS AVE W.	23 STREET ADDRESS	
CITY ST ZIP	BELLEFONTAINE OH	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	HILLIKER, DON M.	32 NAME	DON M. HILLIKER
STREET ADDRESS	101 COLUMBUS AVE W.	33 STREET ADDRESS	IS NOT A DIRECTOR OR
CITY ST ZIP	BELLEFONTAINE OH	34 CITY ST ZIP	OFFICER
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 above (changed), or on an attachment with an address.

SIGNATURE: Richard O. Hilliker, RICHARD O. Hilliker, 3/24/95, 813-337-7884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #