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 11 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H06648** **(0)**

1. Corporation Name
HEMMINGER'S ENTERPRISES, INC.

New ADDress / + PLACE of BUSINESS

Principal Place of Business
% ARTHUR H. HEMMINGER
6171 35TH AVE. NO.
ST. PETERSBURG FL 33710

Mailing Address
% ARTHUR H. HEMMINGER
6171 35TH AVE. NO.
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/06/1984
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 10006 BellaShore
22 Suite, Apt. #, etc.: Circle W.
23 City & State: Jacksonville
24 Zip: 32218
25 Country: DuVal

2a. Mailing Address
26: Same
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-2425546 — 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

HEMMINGER, ARTHUR H.
6171 35 AVE. NORTH
ST PETERSBURG FL 33710

New address

New Address

10. Name and Address of New Registered Agent

81 Name: Hemminger Arthur H.
82 Street Address (P.O. Box Number is Not Acceptable): 10006 BellaShore Circle W.
83:
84 City: Jacksonville FL 85 Zip Code: 32218

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: Arthur H Hemminger Jr. Pres. 4-7-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature is required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition — Pres
NAME	HEMMINGER, ARTHUR H.	12 NAME	Hemminger Arthur H.
STREET ADDRESS	6171 35TH AVE N.	13 STREET ADDRESS	10006 BellaShore Circle W.
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	Jacksonville 32218
TITLE	D	21 TITLE	☐ Change ☐ Addition — Sec/Tre
NAME	HEMMINGER, JOANNE W.	22 NAME	Hemminger Joanne W.
STREET ADDRESS	6171 35TH AVE. N.	23 STREET ADDRESS	10006 BellaShore Circle W.
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	Jacksonville 32218
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
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)(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: Arthur H Hemminger Jr. 4-7-95 904-764-8510
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0008101 CP