, FIL	E NOW: FILING FEE	E AFTER MAY 1ST IS	\$ \$5 50.00	FIL	ED
	PROFIT FLORIDA DEF		TMENT OF STATE	May 06 19	98 8·00an
	ANNI IAI DEPORT		Mortham	_	
, , , , ,	1998	Secretary DIVISION OF C		Secretary	of State
1. Corporation	MENT # H306				
Principal Plac	ce of Business	Mailing Address			
1610 8 DIVISION AVE. PO BOX 1070 1610		% HERBERT V. HINELY 1810 S DIVISION AVE, PO ORLANDO FL 32805	BOX 1070	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	45
2. Principal I	Place of Business	2a. Mailing Address		01/25/1985 4. FEI Number	Applied For
21		26		59-2506731	Not Applicable
Suite, Apl	. W, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the	current year Intangible
24	g. Name and Address of Cur		30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
HM	VELY, HERBERT V.		81 Name	10, radio and regions of field flegister	ed Agent
16	10 S DIVISION AVE		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
OR	LANDO FL 32805		83		
			84 City		[an] 7: 0 d
44 10				F	Zip Code
office or agent. I a	to the provisions of Sections 607.6 registered agent, or both, in the Stam familiar with, and accept the ot	0502 and 607.1508, Florida Statutes ale of Florida Such change was au fligations of Section 607.0505, Flor	s, the above-named corporation of the corporation ida Statutes.	oration submits this statement for the purpos on's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered	Ways			
12.		AND DIRECTORS (NOTE:	Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE	ABOMONO IN MODE TO GITTOLING	Change Addition
NAME	HINELY, HERBERT V.		1.2 NAME		
STREET ADDRESS	1610 S DIVISION AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	V ORLANDO FL	DELETE	1.4 CITY - ST - ZIP		Change Addition
NAME	HINELY, J. VERNON		2.1 TITLE 22 NAME		Change Addition
STREET ADDRESS	1610 S DIVISION AVE		23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	S DATES	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	HINELY, PATRICIA J 1610 S DIVISION AVE		3.2 NAME		
CITY-ST-ZIP	ORLANDO FL		3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 HTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY-ST-ZIP			5.4 CITY-ST-ZIP		İ
TITLE	111111111111111111111111111111111111111	DELETE	61 TITLE		Change Addition

61 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filling 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 of supplemental arrival 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 effective of the control with an address.

6.3 STREET ADDRESS

NAME

STREET ADDRESS

Change

1-600

Addition