SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H40108** **(3)**

1. Corporation Name
KHFF, INC.

Principal Place of Business	Mailing Address
4625 OLD WINTER GARDEN RD. #B5 P O BOX 580337 ORLANDO FL 32858-7337	4625 OLD WINTER GARDEN RD. #B5 P O BOX 580337 ORLANDO FL 32858-7337

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1985
3a. Date of Last Report: 09/20/1994

2. Principal Place of Business	2a. Mailing Address
21 PO Box 580095 NA	26 PO Box 580095 NA
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando FL 32858	28 City & State: Orlando FL
24 Zip: 32858-0095 25 Country: US	29 Zip: 32858-0095 30 Country: US

4. FEI Number: 59-2484393 ☐ 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	10. Name and Address of New Registered Agent
HUTCHESON, KEN 4625 OLD WINTER GARDEN RD #B5 ORLANDO FL 32811	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: Pres. Ken Hutcheson — DATE
(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	DPS	1.1 TITLE	DPS	☒ Change ☐ Addition
NAME	HUTCHESON, KEN	1.2 NAME	Hutcheson, Ken	
STREET ADDRESS	4625 OLD WINTER GRDN B-5	1.3 STREET ADDRESS	PO Box 580095 NA	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32858-0095	
TITLE	DVT	2.1 TITLE	DVT	☒ Change ☐ Addition
NAME	FUHRMANN, FRED	2.2 NAME	Fuhrmann, Fred	
STREET ADDRESS	4625 OLD WINTER GDN B-5	2.3 STREET ADDRESS	PO Box 580095 NA	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32858-0095	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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 if changed or on an attachment with an address.

SIGNATURE: Ken Hutcheson 8/2/95 407 295-8560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0138809 FP