

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H40106

1. Corporation Name
KHFF, Inc.

Principal Place of Business

same

Mailing Address

**PO Box 58033
Orlando FL 32858**

3. Date Incorporated or Qualified
1985

3a. Date of Last Report
1995

2. Principal Place of Business

21

2a. Mailing Address

26

4922 Forestwood Blvd.

4. FEI Number
59-2484393

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4922

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

Tyler, TX

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

75703

Country

30

USA

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

81

Name **K.L. Hutcheson**

82

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

7838 Lowan Ct.

83

DET

84

City **Orlando**

FL

Zip Code

85

32835

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: If registered agent's signature required when resigning)

DATE

2/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Pres/ Sec

KEN L. HUTCHESON

7838 LOWAN CT

ORLANDO FL 32835

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VICE PRES/ TRS

FRED FUHRMANN

4922 FORESTWOOD BLVD

TYLER, TEXAS 75703

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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***200.00**

4-19-96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K.L. Hutcheson, Pres.

DATE

2/14/96

Daytime Phone #

407 295-8560

CR2E034 (12/95)