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 21 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H50705** **(3)**

1. Corporation Name
PCH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7343 PIONEER RD % CONNIE A. HOGAN W PALM BCH FL 33413	7343 PIONEER RD % CONNIE A. HOGAN W PALM BCH FL 33413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1985
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business
21 2537 MANIKI DR
22 Suite, Apt. #, etc. c/o Connie A. Hogan
23 City & State: W. Palm Bch FL
24 Zip: 33407 25 Country: USA

2a. Mailing Address
26 2537 MANIKI DR
27 Suite, Apt. #, etc. c/o Connie A. Hogan
28 City & State: W. Palm Bch FL
29 Zip: 33407 30 Country: USA

4. FEI Number: 59-2515339 ☐ 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

HOGAN, CONNIE A.
7343 PIONEER RD
W PALM BCH FL 33413

10. Name and Address of New Registered Agent

81 Name: Hogan, Connie A
82 Street Address (P.O. Box Number is Not Acceptable): 2537 MANIKI DR
83 West Palm Beach
84 City: FL 85 Zip Code: 33407

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	PST	11 TITLE	ADDRESS only ☑ Change ☐ Addition
NAME	HOGAN, CONNIE A.	12 NAME	
STREET ADDRESS	7343 PIONEER RD	13 STREET ADDRESS	2537 MANIKI DR
CITY-ST-ZIP	W PALM BCH FL	14 CITY-ST-ZIP	W Palm Bch FL 33407
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	300001464603
STREET ADDRESS		23 STREET ADDRESS	-04/26/95--01012--007
CITY-ST-ZIP		24 CITY-ST-ZIP	****200.00 ****200.00
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	4-24-95 T.G.

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: Connie A. Hogan Pres. Connie A. Hogan 4/15/95 407 844 8543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

020206B CP