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 # **H69428** **(1)**

1. Corporation Name

HAUPTMAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% ANN MEISTER-HAUPTMAN P.O. BOX 640 PALM HARBOR FL 34682-0640 US	% ANN MEISTER-HAUPTMAN P.O. BOX 640 PALM HARBOR FL 34682-0640 US

3. Date Incorporated or Qualified: **08/01/1985**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **59-2577608** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1301 CHESTWOOD COVE	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HEATHROW	City & State 28
Zip 24 32746 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

MEISTER-HAUPTMAN, ANN
2077 SWAN LANE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: ANN HAUPTMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1301 CHESTWOOD COVE
83
84 City: HEATHROW FL 85 Zip Code: 32746

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] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	MEISTER-HAUPTMAN, ANN		1.2 NAME	ANN HAUPTMAN
STREET ADDRESS	2077 SWAN LANE		1.3 STREET ADDRESS	1301 CHESTWOOD COVE
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	HEATHROW FL 32746
TITLE	VST	☐ DELETE	2.1 TITLE	VST ☐ Change ☐ Addition
NAME	HAUPTMAN, THEODORE R.		2.2 NAME	THEODORE R. HAUPTMAN
STREET ADDRESS	2927 SWAN LANE		2.3 STREET ADDRESS	1301 CHESTWOOD COVE
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	HEATHROW FL 32746
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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: [signature] VST — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THEODORE R. HAUPTMAN

Date: 4-15-96 Daytime Phone #: 407-333-2495

CR2E034 (12/95)