

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4: 55

DOCUMENT # **J14823** (5)

1. Corporation Name
H.M.F. PROPERTIES, INC.

Principal Place of Business Mailing Address
38822 C.R. 54 WEST P. O. BOX 637
ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33539
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/19/1986** 3a. Date of Last Report **03/22/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2676325		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOSTER, HARRY M 38822 CR 54 WEST ZEPHYRHILLS FL 33541				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, HARRY M.	1.2 NAME	
STREET ADDRESS	29302 WHIPPOORWILL LN	1.3 STREET ADDRESS	WESLEY CHAPEL, FL 33543
CITY - ST - ZIP	WESLEY CHAPEL FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, LINDA L.	2.2 NAME	
STREET ADDRESS	29302 WHIPPOORWILL LN	2.3 STREET ADDRESS	WESLEY CHAPEL, FL 33543
CITY - ST - ZIP	WESLEY CHAPEL FL	2.4 CITY - ST - ZIP	
TITLE	VAS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASKERT, GEORGE H.	3.2 NAME	
STREET ADDRESS	212 S. HESPERIDES ST.	3.3 STREET ADDRESS	TAMPA, FL 33609
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASKERT, GEORGE H.	4.2 NAME	
STREET ADDRESS	212 S. HESPERIDES ST	4.3 STREET ADDRESS	TAMPA, FL 33609
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an addendum.

SIGNATURE: *George H. Paskert* **GEORGE H. PASKERT, V.P.** 03/28/95 813-782-1538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee \$