

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J14823 (5)**

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



Principal Place of Business  
**36822 C.R. 54 WEST  
ZEPHYRHILLS FL 33541  
US**

Mailing Address  
**P. O. BOX 637  
ZEPHYRHILLS FL 33539  
US**

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

3.	Date Inexpiring or Qualified	3a.	Date of Last Record
	<b>05/19/1986</b>		<b>04/03/1995</b>
4.	FUT Number	Applied For / Not Applicable	
	<b>59-2676325</b>		
5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FOSTER, HARRY M  
36822 CR 54 WEST  
ZEPHYRHILLS FL 33541**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.012 and 607.013, 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 607.010(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	<b>FOSTER, HARRY M.</b>	
STREET ADDRESS	<b>29302 WHIPPOORWILL LN</b>	
CITY-STATE-ZIP	<b>WESLEY CHAPEL FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>FOSTER, LINDA L.</b>	
STREET ADDRESS	<b>29302 WHIPPOORWILL LN</b>	
CITY-STATE-ZIP	<b>WESLEY CHAPEL FL</b>	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	<b>PASKERT, GEORGE H.</b>	
STREET ADDRESS	<b>212 S. HESPERIDES ST.</b>	
CITY-STATE-ZIP	<b>TAMPA FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>PASKERT, GEORGE H.</b>	
STREET ADDRESS	<b>212 S. HESPERIDES ST</b>	
CITY-STATE-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12	NAME		
13	STREET ADDRESS		
14	CITY-STATE-ZIP		
21	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22	NAME		
23	STREET ADDRESS		
24	CITY-STATE-ZIP		
31	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32	NAME		
33	STREET ADDRESS		
34	CITY-STATE-ZIP		
41	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42	NAME		
43	STREET ADDRESS		
44	CITY-STATE-ZIP		
51	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52	NAME		
53	STREET ADDRESS		
54	CITY-STATE-ZIP		
61	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62	NAME		
63	STREET ADDRESS		
64	CITY-STATE-ZIP		

14. I do hereby certify that the information supplied within this form is voluntarily furnished and correct and complete for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information indicated on this form is a report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This information is for the use of the corporation or the officer or director empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes are made attached with an address.

SIGNATURE: *George H. Paskert* **George H. Paskert 3/29/96 (813) 782-1538**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice-President**

CR2E034 (12/95)