SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 16 AM 10:42

DOCUMENT # **J31260** (9)

1. Corporation Name

H-R MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
% WALTER GARY HARVEY JR. 725 NORTH LAKE BOULEVARD #89 ALTAMONTE SPRINGS FL 32701	% WALTER GARY HARVEY JR. 725 NORTH LAKE BOULEVARD #89 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1986
3a. Date of Last Report: 03/14/1994
2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: 59-2720981 ☐ Applied For ☐ Not Applicable
Suite, Apt #, etc. (22):
Suite, Apt #, etc. (27):
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24): Country (25):
Zip (29): Country (30):
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARVEY, WALTER GARY JR.
725 NORTH LAKE BOULEVARD #89
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	HARVEY, WALTER GARY JR.	12 NAME		
STREET ADDRESS	725 NORTH LAKE BLVD #89	13 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPGS FL	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	HARVEY, WM GARY	22 NAME		
STREET ADDRESS	725 N.LAKE BLVD.,#89	23 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPGS. FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	MCCASLIN, PAUL	32 NAME	PAUL MCCASLIN	
STREET ADDRESS	725 N.LAKE BLVD.,#89	33 STREET ADDRESS	NO LONGER A DIRECTOR OR OFFICER	
CITY ST ZIP	ALTAMONTE SPGS. FL	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		

CR2E034 (3/95)

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)(i), 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: W. GARY HARVEY W. Gary Harvey 6-10-95 407-331-4993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0130765 FP