

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:33

DOCUMENT # J43394

(2)

1. Corporation Name

H. P. H. ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/13/1986	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2735392	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent HERNANDEZ, HAZEL P. 1819 SHORE DR S. S. PASADENA FL 33707	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
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10. Name and Address of New Registered Agent 85 Zip Code FL

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, typed or printed name of registered agent and fee application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, HAZEL P.	12. NAME	
STREET ADDRESS	1819 SHORE DR S.	13. STREET ADDRESS	
CITY - ST - ZIP	S. PASADENA FL	14. CITY - ST - ZIP	
TITLE	D	21. TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, KRISTOPHER H.	22. NAME	
STREET ADDRESS	818 BRADDOCK ST	23. STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	24. CITY - ST - ZIP	
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	

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 199.03(2)(b), Florida Statutes. I further certify that the information indicated on the 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:

H. P. Hernandez
H. P. Hernandez

1-12-95

813-343-1107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NO.