

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

97 OCT 31 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J85491**

1. Corporation Name

EHD CORPORATION
2407 B W. MISSISSIPPI AVE
TAMPA FL 33629

Principal Place of Business

Mailing Address

2407 B W. MISSISSIPPI AVE
TAMPA FL 33629

2. Principal Place of Business

2a. Mailing Address

21 2407 B W. MISSISSIPPI AVE

26 2407 B W. MISSISSIPPI AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA FL

28 TAMPA FL

24 Zip

25 Country

29 Zip

30 Country

33629

USA

33629

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

8/4/87

4. FEI Number

Applied For
Not Applicable

59-2839830

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

EDDIE H. DIAZ
2407 W. MISSISSIPPI AVENUE
TAMPA FL 33629

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

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETED
NAME **EDDIE H. DIAZ**
STREET ADDRESS **2407 W. MISSISSIPPI AVE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ DELETED
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
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REINSTATEMENT

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)(g), 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 or changed or on an appointment with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97 8/3-251-5358

CR2E034 (12/95)