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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

(1)

HRIC PURCHASING, INC.

| Principal Place of Business Mailing Address | | | | | | - | EH 1481 UIUI1 I | | DIL 01013 BIBII 1801 |
|--|--|--------------------------------------|------------------------------|---|--|---|----------------------------|----------------------------|--------------------------------------|
| C/O DALE D. HELLING C/O DALE D. HE 2431 ALOMA AVENUE 2431 ALOMA AVENUE | | | ENUE | | | | | | |
| WINTER PA | RK FL 32792 | WINTER PARK FL 32792 | | | 3. Date Incorporated or Qualified 11/24/1987 | Tied 3a. Date of Last Report 05/01/1995 | | | |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | | | <u> </u> | | | Applied For | |
| 21 | | [26] | | | | | | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | [27] | | | 5. Certificate of Status Desired See Required Fee Required | | | |
| City & State | | City & State | h q | | | 6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees | | | |
| Zip | Country | Zip | Country | | | 8. This corporation has liability for intangible tax under s 199.032, | | | |
| 24 | 25 | [29] | [30] | 0] | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | |
| | 9, Name and Address of Curre | ent Registered Agent | | 81 | Name | 10, Name sho Address of New N | egistereu | Agent | |
| | | L | | | | | | | |
| | ig, dale d. Loma avenue | | | | | ess (P.Ö. Box Number is Not Acceptab | le) | | |
| WINTE | r park fl 32792 | | | 83 | | | | | |
| | | | | 84 | City | | FL | . | p Code |
| l or registere | o the provisions of Sections 607.050 ed agent, or both, in the State of Flo n, and accept the obligations of, Se | rida. Such changé was authoriz | rea by the c | ve r | named corpora oration's boar | ation submits this statement for the pui d of directors. I hereby accept the app | pose of cha pintment as | anging its i registered | registered office d agent. I am |
| SIGNATURE _ | | | | | Note that the second | Laborate de de Maria de | DA [†] E | | |
| 000000000000000000000000000000000000000 | | | | Hagisterad Agent signature require 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 12. | DPS | DELETE | | 1 1 THILE | | ADDITION OF FITCE TO ST. | | Change | Addition |
| NAME | HELLING, DALE | | 1.2 NA | | | | | | |
| STREET ADDRESS | 2431 ALOMA AVE | | 1.3 ST | STREET ADDRESS | | | | | |
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| STREET ADDRESS | | | 3.3. STREET ADDRESS | | ì | | | | |
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| NAME | | — | 4.2 NAME | | | | | | |
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| NAME | | | 6.2 N | AME | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | 1 ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - 7IP | | | for the exemption stated in Section 119 | 0.7(3)/P) E | lorida Stati | utes I further |
| 4 4 4 Ido borob | a comita that the information cumple | va warn dae teracije valuatarily tur | rusuea and | 1 16 3F | «» по: плашV 1 | ior ine exemplion stated in section 113 | OUTONN, I | CHOCK CIGIL | acco, 1 10/1/10/ |

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)(k), Florida Statutes. I turther 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: Dale D. Helling - Pres. 4/1/96 (407) 678-1106

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date D. Helling - Pres. 4/1/96 (407) 678-1106