

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

DOCUMENT # **K25606** (0)

1. Corporation Name

HERNANDO ANATIDE, INC.

Principal Place of Business

**2500 W LAKE MARY BLVD
STE 109
LAKE MARY FL 32746
US**

Mailing Address

**2500 W. LAKE MARY BLVD.
SUITE 101
LAKE MARY FL 32746
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

**WALTHER, AILEEN D. PALLISTER
2500 W LAKE MARY BLVD
SUITE 101
LAKE MARY FL 32746**

3. Date Incorporated or Qualified
05/27/1988

3a. Date of Last Report
06/20/1995

4. FET Number
59-2894697

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

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 607.002 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 607.005, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of New Registered Agent or Director

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE P/D	1. TITLE ☐ Change ☒ Addition
2. NAME WALTHER, PATRICK B.	2. NAME
3. STREET ADDRESS 2500 W. LAKE MARY BLVD. #101	3. STREET ADDRESS
4. CITY, ST, ZIP LAKE MARY FL	4. CITY, ST, ZIP 32746
5. TITLE V/D	5. TITLE ☐ Change ☒ Addition
6. NAME WALTHER, DOROTHY B	6. NAME
7. STREET ADDRESS 2500 W. LAKE MARY BLVD #101	7. STREET ADDRESS
8. CITY, ST, ZIP LAKE MARY FL	8. CITY, ST, ZIP 32746
9. TITLE V/D	9. TITLE ☐ Change ☒ Addition
10. NAME WALTHER, AILEEN D PALLISTER	10. NAME
11. STREET ADDRESS 2500 W. LAKE MARY BLVD. #101	11. STREET ADDRESS
12. CITY, ST, ZIP LAKE MARY FL	12. CITY, ST, ZIP 32746
13. TITLE ☐ DELETE	13. TITLE ☐ Change ☒ Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY, ST, ZIP	16. CITY, ST, ZIP
17. TITLE ☐ DELETE	17. TITLE ☐ Change ☐ Addition
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY, ST, ZIP	20. CITY, ST, ZIP
21. TITLE ☐ DELETE	21. TITLE ☐ Change ☐ Addition
22. NAME	22. NAME
23. STREET ADDRESS	23. STREET ADDRESS
24. CITY, ST, ZIP	24. CITY, ST, ZIP

14. I 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 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. 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: *Aileen D. Pallister*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walther
Aileen D. Pallister- 1/19/96

407-330-5980

CR2E034 (12/95)