

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

APPROVED
AND
FILED

95 MAY -1 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K38865

(7)

1. Corporation Name

HFY, INC.

Principal Place of Business

Mailing Address

C/O WALTER SANDERS
5155 RIO VISTA AVE
TAMPA FL 33634
US

C/O WALTER SANDERS
5121 EHRLICH ROAD, BLDG. 107-B
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2915097

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

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

2. Principal Place of Business

2a. Mailing Address

21 5155 Rio Vista Ave

26 C/O WALTER SANDERS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 13910 N Dale Mabry Suite 1

City & State

City & State

23 Tampa, FL

28 Tampa FL

24 33634

25 US

29 33618

30 US

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDERS, WALTER
5121 EHRLICH ROAD
BUILDING 107, SUITE B
TAMPA FL 33624

81 Name

SANDERS, WALTER

82 Street Address (P.O. Box Number is Not Acceptable)

13910 N DALE MABRY HWY

83

SUITE ONE

84 City

TAMPA

FL

85 Zip Code

33618

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

Walter Sanders

3/23/95

(Signature, typed or printed Name of registered agent, and title if applicable)

(DATE Registered Agent Submission required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	DOYLE, RAYMOND A.
STREET ADDRESS	3044 ASHLAND TERR.
CITY, ST, ZIP	CLEARWATER FL
TITLE	SVP
NAME	DOYLE, CYNTHIA A.
STREET ADDRESS	3044 ASHLAND TERR.
CITY, ST, ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 110.07(b)(6), 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 of this filing, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond A. Doyle 03-01-95 813-884-4141