

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K91785

(1)

1. Corporation Name  
HON, INC.

Principal Place of Business  
8726 RUE CHARTEAUX DRIVE  
SEMINOLE FL 34847

Mailing Address  
8726 RUE CHARTEAUX DRIVE  
SEMINOLE FL 34847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2225 NURSERY RD

Suite, Apt. #, etc.

22 11-101

City & State

23 CLEARWATER FL

Zip

24 33764

Country

25 PINELLAS

2a. Mailing Address

26 2225 NURSERY RD

Suite, Apt. #, etc.

27 11-101

City & State

28 CLEARWATER FL

Zip

29 33764

Country

30 PINELLAS

3. Date Incorporated or Qualified

05/30/1989

4. FEI Number

65-0149274

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HON, JAMES  
8726 RUE CHATEAUX DRIVE  
SEMINOLE FL 34847

10. Name and Address of New Registered Agent

81 Name

HON, JAMES

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

2225 NURSERY RD #11-101

83

84 City

CLEARWATER

FL

85 Zip Code

33764

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

*James Hon*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-21-98  
DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HON, JAMES  
STREET ADDRESS 8726 RUE CHATEAUX DR  
CITY-ST-ZIP SEMINOLE FL

TITLE ST ☒ DELETE

NAME HON, M. KATHLEEN  
STREET ADDRESS 8726 RUE CHATEAUX DRIVE  
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ST ☒ Change ☐ Addition

1.2 NAME HON, JAMES  
1.3 STREET ADDRESS 2225 NURSERY RD #11-101  
1.4 CITY-ST-ZIP CLEARWATER FL 33764

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:

*James Hon*

4/21/98

CR2E034 (10/97)