FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K99750** **(7)**

1. Corporation Name

FHM, INC.

Principal Place of Business	Mailing Address
1885 LEE ROAD WINTER PARK FL 32789 US	1885 LEE ROAD WINTER PARK FL 32789 US

3. Date Incorporated or Qualified: **06/30/1989**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-2956490** ☐ 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

9. Name and Address of Current Registered Agent

BENDER, ROBERT L.
124 W. YORK COURT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: JESSE C. MAXWELL
82 Street Address (P.O. Box Number is Not Acceptable): 1885 LEE ROAD
83:
84 City: WINTER PARK, **FL** 85 Zip Code: 32789

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: Jesse C Maxwell (Typed or printed name of Registered Agent signature required when not typing) DATE: 2/13/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAXWELL, JESSE C., III		1.2 NAME		
STREET ADDRESS	31 INTERLAKEN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	VP	XX DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BENDER, ROBERT L.		2.2 NAME		
STREET ADDRESS	124 W. YORK COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, RANDALL J.		3.2 NAME		
STREET ADDRESS	230 S 16TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY IL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOWNS, ROBERT E.		4.2 NAME		
STREET ADDRESS	1 INTERLAKEN		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Theodore Rowell	
STREET ADDRESS			5.3 STREET ADDRESS	3760 John Young Parkway #103	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Elaine Maxwell	
STREET ADDRESS			6.3 STREET ADDRESS	31 Interlaken Road	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando, FL 32804	

CR2E034 (12/95)

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)(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; 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: Jesse C Maxwell 2/13/96 407 628 9822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #