## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

(8)

HORNBECK & ASSOCIATES, INC.

Principal Place		Maiing Address	failing Address			
<del>-232</del> -	ME DENO	233	U			
FORT MYERS FL 33907 US		FT MYERS FL 33907 US	FT MYERS FL 33907 US		3. Date Incorporated or Qualified 09/06/1989	3a. Date of Last Report 04/26/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26 10051 MCGREGOL BLUD		65-0143294	Not Applicable	
Suite, Apt #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		and the second control of the second control	City & State		6. Election Campaign Financing	Fee Required
23			The second of the second		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coul	ilry	8. This corporation has liability for i	ritangible tax under s. 199.032,
24	25	29 33919	30]	EF	Fiorida Statutes Yes	
	9. Name and Address of Curren	it Registered Agent		81 Name	10. Name and Address of New R	egistered Agent
HORNRE	CK, HUNTLEY A.					
1500 COLONIAL BLVD. SUITE #23				82 Street Add	ress (P.O. Box Number is Not Acceptab	le;
			-	83		
FT. MYE	R\$ FL 33907		-	94 00		Tee 7. O. d.
				84 City		FL 85 Zip Code
12.	igration, ty on or proled over entrageboard age of OF PICE RS AN	DURECTURS	kille Heljstered 13.	Agreed sign as increasing re-	Twhen receiving: ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	DPT	☐ DELETE	1.11	ILE		Change
NAME	HORNBECK, HUNTLEY A. 1500 COLONIAL BLVD		1.2 NA	ME		
STREET ADDRESS	FORT MYERS FL			REET ADDRESS		
CITY-ST-ZIP TITLE	DVS	DELETE	1 4 CI	Y \$1-21F		Change Addition
NAME	HORNBECK, MARY M.	Doctor	2 2 NA			Crange Additions
STREET ADDRESS	1500 COLONIAL BLVD.		- 1	Rée I ADOPESS		
CiTY - ST - ZIP	FORT MYERS FL			Y-ST ZIP		
TITLE	VP	DELETE	3 1 []			Cnange Addition
NAME	HORNBECK, MICHAEL A.	•	3 2 NA	ME		
STREET ADDRESS	1500 COLONIAL BLVD		3 3 S1	REFT ACCIPESS		
CITY - ST - ZIP	FORT MYERS FL			ry-SI-ZIF		
TIFLE		DEFELE	4 1 1			☐ Change ☐ Addition
NAME STOCKT ADDOCAYS			4 2 NA	1		
STREET ADDRESS CITY - ST - ZIP				REET ADDRESS		
TITLE		DELETE	5 1 7	TLE		Change Addition
NAME			5.2 NA	1		
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP				ry - SI - ZiP		
TITLE		☐ DEFE LE	6 1 Tı	ILE		Change Addition
NAME			6 2 NA	4		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP 14. I do hereby	certify that the information supplied	with this filing is voluntarily for		ty SEZIP	or the exemption stated in Section 119.	07/3/k) Florida Statutes   further

certify that the information indicated on this armunit report or supplemental annual report is true and and that my signature shall have the same legal effect as its made under early that the information indicated on this armunit report or supplemental annual report is true and and that my signature shall have the same legal effect as its made under early 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 aridress.

May 29.96 941-936.5622