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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:23

DOCUMENT # L31077 (5)

1. Corporation Name
HOEN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
16879 CAPTIVA DRIVE SUITE 44 SANIBEL FL 33957 US	POST OFFICE BOX 790 SUITE 44 CAPTIVA FL 33924 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/21/1989
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business
21 16879 CAPTIVA DR. SUITE 102
Suite, Apt. #, etc. 22
City & State 23 CAPTIVA FL
Zip 24 33924 Country 25 US

2a. Mailing Address
26 CAPTIVA FL 33924 P. O. Box 790
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0174132 ☐ 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

HOEN, ERNST
1619 PERWINKLE WAY
SUITE 203
SANIBEL FL 33957

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☑ Change ☐ Addition
NAME	HOEN, SHEILA	1.2 NAME	
STREET ADDRESS	1619 PERWINKLE WAY, S201	1.3 STREET ADDRESS	16879 CAPTIVA DR
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	CAPTIVA FL 33924
TITLE	PS	2.1 TITLE	☑ Change ☐ Addition
NAME	HOEN, ERNST	2.2 NAME	
STREET ADDRESS	1619 PERWINKLE WAY S201	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	AS ABOVE
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 above, or on an attachment with an address.

SIGNATURE: _____ 3/20/95 (813)472-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
E. N. HOEN

0481860 FP