

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
Division of CORPORATIONS

APPROVED
AND
FILED

20 MAY 1 1996

TALLAHASSEE, FLORIDA

DOCUMENT # **L67463** (4)

1. Corporation Name

H.F. & M.K.O., INC.

Principal Office or Domicile

11211 N. NEBRASKA AVE.
#2A
TAMPA FL 33612
US

Mailing Address

11211 N. NEBRASKA AVE.
#2A
TAMPA FL 33612
US

Date of Incorporation in United States

3. Date of Incorporation in United States
04/23/1990

3a. Date of Last Report
05/19/1994

4. FIC Number
59-3008268

Applied For
Fees Applicable

5. Certificate of Status Document ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for all corporate taxes under the laws
of the United States ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OLSEN, KAREN L
16109 DARNELL RD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81. Name

82. Street Address (Not Box Number or Post Office Box)

83.

84.

FL 85.

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law. I am a duly qualified agent of the corporation and am authorized to execute this report and to file the same with the Department of State. I am a resident of the State of Florida and am a resident of the State of Florida.

12. Name of Agent
VD
OLSEN, KAREN L
1 BEACH DR #1003
ST PETERSBURG FL
D
FRIEDMAN, HARVEY
16109 DARNELL RD
LUTZ FL

13. Name of Agent
PRESIDENT, P/D
OLSEN, KAREN L
16109 DARNELL RD
LUTZ, FL 33549
V/S/D
OLSEN, MICHAEL F.
16109 DARNELL RD
LUTZ, FL 33549

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law. I am a duly qualified agent of the corporation and am authorized to execute this report and to file the same with the Department of State. I am a resident of the State of Florida and am a resident of the State of Florida.

SIGNATURE:

Karen L Olsen

KAREN L. Olsen

4-29-95 (813)931-1010

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR