

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 # **L87087** (7)

1. Corporation Name
HICOR, INC.



Principal Place of Business

Mailing Address

C/O LESLIE W. ORGAN
1746 HOUGHTON DR
CHARLESTON SC 29412
US

C/O LESLIE W. ORGAN
1746 HOUGHTON DR
CHARLESTON SC 29412
US

3. Date Incorporated or Qualified
07/12/1990

3a. Date of Last Report
03/27/1995

2. Principal Place of Business
21 **1837 KEMPTON RD**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1837 KEMPTON RD**
Suite, Apt. #, etc.

4. FEI Number
57-0971297

Applied For
Not Applicable

22 City & State
CHARLESTON SC

27 City & State
CHARLESTON SC

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

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

24 Zip **29412** 25 Country

28 Zip **29412** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAUGHEN, DANIEL R.
MAINSTREET CENTER, SUITE 201
101 N. WOODLAND BLVD.
DELAND FL 32720

81 Name **Daniel R. Vaughen**
82 Street Address (P.O. Box Number is Not Acceptable)
333 E. NEW YORK AVE
83
84 City **DELAND** FL 85 Zip Code **32721**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	ORGAN, LESLIE W.	
STREET ADDRESS	1746 HOUGHTON DR	
CITY - ST - ZIP	CHARLESTON SC	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRADHAM, GILBERT B.	
STREET ADDRESS	17 ASHLEY AVE.	
CITY - ST - ZIP	CHARLESTON SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, ROBERT W.	
STREET ADDRESS	201 HUNTINGTON RD.	
CITY - ST - ZIP	GREENVILLE SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (803) 762 4174
Date Daytime Phone #

CR2E034 (12/95)