

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

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M31924

(7)

1. Corporation Name

HURON INVESTMENTS, INC.

Principal Place of Business

1012 SOUTH WEEKS ST
BONFAY FL 32425

Mailing Address

1012 SOUTH WEEKS ST
BONFAY FL 32425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1986

3a. Date of Last Report

03/22/1994

4. FEI Number

59-2753071

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. The Corporation has taken the following steps to comply with the
Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

28

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.04(2) and 607.15(9), 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.04(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Registered Agent or Designated Agent)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP CODE

PST
HUGHES, STEVEN A
850 NE 48TH ST.
POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP CODE

D
SCHUBATIS, GERALD
1012 SOUTH WEEKS ST.
BONIFAY FL

TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP CODE

TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP CODE

TITLE

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STREET ADDRESS

CITY & STATE

ZIP CODE

TITLE

NAME

STREET ADDRESS

CITY & STATE

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14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY & STATE

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26 STREET ADDRESS

27 CITY & STATE

28 ZIP CODE

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY & STATE

33 ZIP CODE

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY & STATE

38 ZIP CODE

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY & STATE

43 ZIP CODE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 in an attachment with an address.

SIGNATURE:

Steven A. Hughes

Steven A. Hughes

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 904-547-9769