

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 # **M42743** (8)

1. Corporation Name

H.R.H., INC.

Principal Place of Business

8241 U.S. HIGHWAY 19 N.  
PORT RICHEY FL 34668-6640

Mailing Address

8241 U.S. HIGHWAY 19 N.  
PORT RICHEY FL 34668-6640



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1986		3a. Date of Last Report 03/22/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2743523		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GONZALES, LARRY J. 6645 RIDGE RD PORT RICHEY FL 34668				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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HERSHBERGER, ALAN J.	1.2 NAME	
STREET ADDRESS	8241 U.S. HIGHWAY 19 N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	HERSHBERGER, DAVID J.	2.2 NAME	
STREET ADDRESS	8241 U.S. HIGHWAY 19 N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	RICE, WILLIAM E.	3.2 NAME	
STREET ADDRESS	8241 U.S. HIGHWAY 19 N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 if changed, or on an attachment with an address.

SIGNATURE:

*Alan J. Hershberger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN J. HERSHBERGER 4-13-96 813-841-9958  
Date Daytime Phone #

CR2E034 (12/95)