

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

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 30 AM 9:12

**DOCUMENT # M70995 (9)**  
1. Corporation Name  
**ROYAL HERNANDO, INC.**

Principal Place of Business      Mailing Address  
**29656 US 19 NO**                      **29656 US 19 NO**  
**STE 100**                                      **STE 100**  
**CLEARWATER FL 34621**              **CLEARWATER FL 34621**  
**US**    **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/08/1988</b>		3a. Date of Last Report <b>04/20/1994</b>	
2. Principal Place of Business <b>21</b>		4. FEI Number <b>59-2879864</b>	
2a. Mailing Address <b>26</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <b>22</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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			
<b>HUDSON, JOHN E.</b> <b>6709 RIDGE RD.</b> <b>SUITE 200</b> <b>PORT RICHEY FL 34668</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City <b>FL</b> 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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDSON, JOHN E.</b>	1.2 NAME	
STREET ADDRESS	<b>6709 RIDGE RD., STE.200</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PORT RICHEY FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVA, SUSAN</b>	2.2 NAME	
STREET ADDRESS	<b>6709 RIDGE RD., STE. 200</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PORT RICHEY FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINERI, CARL</b>	3.2 NAME	
STREET ADDRESS	<b>29656 US 19 NO, STE 100</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CLEARWATER FL</b>	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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. But 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 addition.

SIGNATURE: \_\_\_\_\_      Date: **2-24-95**      System Name: **813 8487412**  
Signature and typed or printed name of signing officer or director