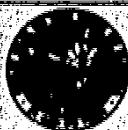


FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23212 (6)

1. Corporation Name

HAPPY HOEDOWNERS, INC.

Principal Place of Business

Mailing Address

1100 E NORTH BLVD
PO BOX 49140
LEESBURG FL 34749-8140

1100 E NORTH BLVD
PO BOX 49140
LEESBURG FL 34749-8140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1987

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2854334

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, JEWELL
05614 E HARBOR DRIVE
FRUITLAND PARK FL 34731

81 Name

HALL, LEO

82 Street Address (P.O. Box Number is Not Acceptable)

1610 MICHIGAN AV

83

84 City

LEESBURG

FL

85

Zip Code

34742

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

Leo K Hall

(NOTE: Registered Agent signature required when reappointing)

3/28/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME JONES, GRADY
STREET ADDRESS 27816 N PELICAN ISLE DR
CITY-ST-ZIP LEESBURG FL

1.1 TITLE DP
1.2 NAME FROHWEIN, DICK
1.3 STREET ADDRESS 1406 TORREY PINES DR
1.4 CITY-ST-ZIP LADY LAKE FL ☒ Change ☐ Addition

TITLE DP
NAME JONES, WANDA
STREET ADDRESS 27816 N PELICAN ISLE DR
CITY-ST-ZIP LEESBURG FL

2.1 TITLE DP
2.2 NAME FROHWEIN, JANE
2.3 STREET ADDRESS 1406 TORREY PINES DR
2.4 CITY-ST-ZIP LADY LAKE FL ☒ Change ☐ Addition

TITLE DV
NAME FROHWEIN, DICK
STREET ADDRESS 1406 TORREY PINES DR
CITY-ST-ZIP LADY LAKE FL

3.1 TITLE DV
3.2 NAME KATZ, HAROLD
3.3 STREET ADDRESS 34330 LAKE LAND AV
3.4 CITY-ST-ZIP LEESBURG FL ☒ Change ☐ Addition

TITLE DV
NAME FROHWEIN, JANE
STREET ADDRESS 1406 TORREY PINES DR
CITY-ST-ZIP LADY LAKE FL

4.1 TITLE DV
4.2 NAME BURKE, DOROTHY
4.3 STREET ADDRESS 401 KEY AV
4.4 CITY-ST-ZIP EUSTIS FL ☒ Change ☐ Addition

TITLE DT
NAME HALL, LEO
STREET ADDRESS 1610 MICHIGAN AV
CITY-ST-ZIP LEESBURG FL

5.1 TITLE DT
5.2 NAME HALL, LEO
5.3 STREET ADDRESS 1610 MICHIGAN AV
5.4 CITY-ST-ZIP LEESBURG FL ☐ Change ☐ Addition

TITLE DT
NAME HALL, JUANITA
STREET ADDRESS 1610 MICHIGAN AVE.
CITY-ST-ZIP LEESBURG FL

6.1 TITLE DT
6.2 NAME HALL, JUANITA
6.3 STREET ADDRESS 1610 MICHIGAN AV
6.4 CITY-ST-ZIP LEESBURG FL ☐ Change ☐ Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leo K Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/95

Date

Daytime Phone #

(904) 787-4473