FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 491140 LEESBURG FL 34749-5140	1100 E NORTH BLVD PO BOX 491140 LEESBURG FL 34749-5140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1987
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2954334 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THOMPSON, JEWELL
05614 E HARBOR DRIVE
FRUITLAND PARK FL 34731

10. Name and Address of New Registered Agent

31 Name: HALL, LEO
32 Street Address (P.O. Box Number is Not Acceptable): 1610 MICHIGAN AV
33
34 City: LEESBURG FL 35 Zip Code: 34748

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 — 3/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	JONES, GRADY	1.2 NAME	FROHWEIN, DICK	
STREET ADDRESS	27816 N PELICAN ISLE DR	1.3 STREET ADDRESS	1406 TORREY PINES DR	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	LADY LAKE FL	
TITLE	DP	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	JONES, WANDA	2.2 NAME	FROHWEIN, JANE	
STREET ADDRESS	27816 N PELICAN ISLE DR	2.3 STREET ADDRESS	1406 TORREY PINES DR	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	LADY LAKE FL	
TITLE	DV	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	FROHWEIN, DICK	3.2 NAME	KATZ, HAROLD	
STREET ADDRESS	1406 TORREY PINES DR	3.3 STREET ADDRESS	34330 LAKELAND AV	
CITY-ST-ZIP	LADY LAKE FL	3.4 CITY-ST-ZIP	LEESBURG FL	
TITLE	DV	4.1 TITLE	DV	☒ Change ☐ Addition
NAME	FROHWEIN, JANE	4.2 NAME	BURKE, DOROTHY	
STREET ADDRESS	1406 TORREY PINES DR	4.3 STREET ADDRESS	401 KEY AV	
CITY-ST-ZIP	LADY LAKE FL	4.4 CITY-ST-ZIP	EUSTIS FL	
TITLE	DT	5.1 TITLE	DT	☐ Change ☐ Addition
NAME	HALL, LEO	5.2 NAME	HALL, LEO	
STREET ADDRESS	1610 MICHIGAN AV	5.3 STREET ADDRESS	1610 MICHIGAN AV	
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	LEESBURG FL	
TITLE	DT	6.1 TITLE	DT	☐ Change ☐ Addition
NAME	HALL, JUANITA	6.2 NAME	HALL, JUANITA	
STREET ADDRESS	1610 MICHIGAN AVE.	6.3 STREET ADDRESS	1610 MICHIGAN AV	
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	LEESBURG FL	

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)(i), 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 617, 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 — 3/27/95 — (904) 787-4473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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