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

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[illegible] OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005417 (1)**

1. Corporate Name
HBHCI HUD 3, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2739 U.S. HWY. 19 HOLIDAY FL 34691 US	P.O. BOX 428 NEW PORT RICHEY FL 34656-0428

3. Date Incorporated or Qualified: **11/30/1993**
3a. Date of Last Report: **06/17/1994**
4. FEI Number: **59-3212745** ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR.
6645 RIDGE RD.
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

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) (If not, Registered Agent signature required when mailing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	LAPORTE, CRAIG	12 NAME		
STREET ADDRESS	1535 CANDLELIGHT COURT	13 STREET ADDRESS		
CITY ST ZIP	NEW PORT RICHEY FL	14 CITY ST ZIP		
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	BROWN, FRANK SR.	22 NAME		
STREET ADDRESS	406 SOUTH JACKSON ST.	23 STREET ADDRESS		
CITY ST ZIP	DADE CITY FL	24 CITY ST ZIP		
TITLE	~~DS~~	31 TITLE	D S/T	☒ Change ☐ Addition
NAME	HELIE, KING	32 NAME		
STREET ADDRESS	3707 CORSAIR COURT	33 STREET ADDRESS		
CITY ST ZIP	NEW PORT RICHEY FL	34 CITY ST ZIP		
TITLE	~~DT~~	41 TITLE	D	☒ Change ☐ Addition
NAME	~~BOATWRIGHT, GALE~~	42 NAME	DANIEL E. ALDRIDGE	
STREET ADDRESS	~~9509 CHATTSWORTH COURT~~	43 STREET ADDRESS	7050 ALDRIDGE LANE	
CITY ST ZIP	~~HOLIDAY FL~~	44 CITY ST ZIP	NEW PORT RICHEY, FL 34652	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GAUTHIER, A. RUTH	52 NAME		
STREET ADDRESS	6936 MESA VERDE ST.	53 STREET ADDRESS		
CITY ST ZIP	PORT RICHEY FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SWANN, KENNETH J.	62 NAME		
STREET ADDRESS	10481 LITTLE RD.	63 STREET ADDRESS		
CITY ST ZIP	PORT RICHEY FL	64 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)(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: A. Ruth Gauthier — 4-25-95 — (813) 847-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
A. RUTH GAUTHIER

X-8777

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