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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P9200000194 (0) **DOCUMENT #**

HOLY SMOKE, INC.

Principal Place of Business

Maling Address



302 EAST N MELBOURN	MELBOURNE AVENUE E FL 32901	302 EAST MELBOURNE AVENUE MELBOURNE FL 32901				3. Date Incorporated or Qualified	3a . Da	te of Last F		
							10/23/1992	<u> </u>	05/01/1	
2. Principal Pla	ce of Business	2a	a, Mailing Address			4, FEI Number			Applied For	
11			26			59-3151787			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State			City & State				Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Country Zip				untry		8. This corporation has liability for in		tax under s	199.032,
24	25 29 30			Florida Statutes Yes No 10. Name and Address of New Registered Agent						
	g, Name and Address of Curre	nt Regis	stered Agent		-		10. Name and Address of New H	egistere	Agent	
					81	Name				
KAMINSKI, KARL T					82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
302 EAST MELBOURNE AVENUE					-					
MELBOURNE FL 32901					83					
					84	′		F	L I I	ip Code
SIGNATURE							alion submits this statement for the pur of of directors. Thereby accept the appo	pose or continent :	as registere	d agent. I am
	Signature, typed or printed name of registored ager OFFICERS At			13.		nt signature require	ADDITIONS/CHANGES TO OFFI		JD DIBECT	ORS IN 12
12. TITLE	PD OFFICERS AF	ND DIRE	DELETE		TITLE		ADDITIONS/GITANGES TO GITT	OLI IO AI	Change	
	KAMINSKI, KARL T				1.2 NAME					-
NAME	TREET ADDRESS 302 EAST MELBOURNE AVENUE					T ADORESS				
	MELBOURNE FL 32901					ST-ZIP				
CITY-ST-ZIP TITLE	V		DELETE		TITLE				☐ Change	[] Addition
NAME	KAMINSKI, PAMELA J		C.J		NAME	ļ				_
STREET ADDRESS	AAA EAAT AELDOLIDLE ALEANIE				2 3 STREET ADDRESS					
CITY-ST-ZIP		- 1	2.4 CHY-S1-ZIP							
TITLE	MELBOURNE FL 32901		DELETE		TITLE				Change	Addition
NAME	HIGLEY, DEBORAH J				NAME					
STREET ADDRESS	302 EAST MELBOURNE A	VENUE				T ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32901	1	•			SI - ZIP				
TITLE	THE STATE OF		DELETE		TITLE				☐ Change	Addition
NAME				42	NAME	1				
STREET ADDRESS				4.3	STREE	T ADDRESS				
CITY-ST-ZIP				4.4	CITY-	ST-ZIP				
TITLE			DELETE		TITLE				Change	Add-tion
NAME				5.2	NAME					
STREET ADDRESS				53	STREE	I ADDRESS				
CITY - ST - ZIP				5.4	CITY-	ST-ZIP				
TITLE			☐ DELETE	6	TITLE				☐ Change	Addition
NAME				62	NAME	1				
STREET ADDRESS				6.3	STREE	1 ADDRESS				
CiTY-ST-ZIP				6.4	CITY-	S1-ZIP				
A	All	3	ic Client in valuatority from	iched on	4 40	ne not avalify	for the exemption stated in Section 119	O7(3)(k)	Florida Stat	utes I further

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 eath; 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.

CALL TO THE DESIGNATION OF THE PROPERTY OF THE