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

APPROVED AND FILED

95 MAY -1 AM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000000253 (4)**

1. Corporate Name

THE HOOTY HOUSE, INC.

Principal Place of Business	Mailing Address
4119 42ND ST SARASOTA FL 34235 US	4119 42ND ST. SARASOTA FL 34235 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/07/1992**

3a. Date of Last Report: **04/29/1994**

21 2. Principal Place of Business

26 2a. Mailing Address: P.O. Box 14010

22 State Agent's Name

27 State Agent's Name

23 City & State

28 City & State: SARASOTA, FL

24 ZIP 25 Country

29 ZIP: 34278 30 Country: US

4. FEI Number: **65-0408032** ☐ 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

8. This corporation has/will be eligible to file (after 5/1/95) Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHAPMAN, ELAINE
4119 42ND STREET
SARASOTA FL 34235

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 Section [illegible] 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 [illegible] Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D CHAPMAN, ELAINE, 4119-42ND ST. SARASOTA FL 34235	☐ Change ☐ Addition
	D PAUL E. CHAPMAN 4119 42nd St SARASOTA, FLA. 34235 ☐ Change ☑ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is complete, accurate 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report, or on an attachment with an address.

SIGNATURE: Elaine Chapman 3/15/95 (813)355-6821
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

ELAINE CHAPMAN

034037 CP