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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:42

DOCUMENT # **P92000006949 (1)**

1. Corporation Name
HUFFORD AND ASSOCIATES, INC.

Principal Place of Business
7801 BURNHAM DRIVE
PORT RICHEY FL 34668

Mailing Address
P O BOX 2152
TARPON SPRINGS FL 34688
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 6049 OLEANDER AVE
22 Suite, Apt. #, etc.
23 City & State: NEW PORT Richey, FL
24 Zip: 34653
25 Country: USA

2a. Mailing Address
26 6049 OLEANDER AVE.
27 Suite, Apt. #, etc.
28 City & State: NEW Port Richey, FL
29 Zip: 34653
30 Country: USA

4. FEI Number: 59-3154567 — 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
HUFFORD, RICHARD
7801 BURNHAM DR.
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent
81 Name: HUFFORD, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable): 6049 OLEANDER AVE.
83 —
84 City: NEW PORT RICHEY FL
85 Zip Code: 34653

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: Richard A. Hufford — 3/27/95
(Signature: Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/C	☑ Change ☐ Addition
NAME	HUFFORD RICHARD A	1.2 NAME	HUFFORD, RICHARD A.	
STREET ADDRESS	8510 MILLCREEK LANE	1.3 STREET ADDRESS	6049 OLEANDER AVE.	
CITY, ST, ZIP	HUDSON FL	1.4 CITY, ST, ZIP	NEW PORT RICHEY, FL 34653	
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	MOSCHNER, BARBARA E	2.2 NAME	DeLete	
STREET ADDRESS	7801 BURNHAM DR.	2.3 STREET ADDRESS		
CITY, ST, ZIP	PORT RICHEY FL 34668	2.4 CITY, ST, ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY, ST, ZIP		3.4 CITY, ST, ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY, ST, ZIP		4.4 CITY, ST, ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY, ST, ZIP		5.4 CITY, ST, ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY, ST, ZIP		6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard A. Hufford — 3/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #