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Mar 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000012052 (6)

1. Corporation Name

HCH MARKETING, INC.



Principal Place of Business

Mailing Address

2744 US #1 SOUTH  
ST AUGUSTINE FL 32086  
US

PO BOX 800238  
ST. AUGUSTINE FL 32086-0238

3. Date Incorporated or Qualified

12/09/1992

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

2744 US #1 SOUTH

22

City & State

27

City & State

23

Zip

Country

28

ST AUGUSTINE FL

24

Country

25

29

32086

30

USA

4. FEI Number

43-1396805

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

10. Name and Address of New Registered Agent

HOEFER, H C JR  
3580 LONE WOLF TRAIL  
ST. AUGUSTINE FL 32086

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

(Type and print name of officer or director of corporation 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 D ☐ DELETE

NAME HOEFER, H. C JR  
STREET ADDRESS 3580 LONE WOLF TR.  
CITY, ST, ZIP ST. AUGUSTINE FL 32086

11 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HOEFER, ANN H  
STREET ADDRESS 3580 LONE WOLF TR.  
CITY, ST, ZIP ST. AUGUSTINE FL 32086

12 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SADLEK, CYNTHIA H  
STREET ADDRESS 3668 E. KIMBERLY RD., #323  
CITY, ST, ZIP DAVENPORT LA 52807

13 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HOEFER, H C III  
STREET ADDRESS 3669 CASTLE REAGH PLACE  
CITY, ST, ZIP RIVERSIDE CA 92508

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

15 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

16 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carl Hoefer Jr* H CARL HOEFER JR

3/26/97

904-794-1189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)