

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000016810 (2)

1. Corporation Name
HRI, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:29

Principal Place of Business
**303 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034**

Mailing Address
**303 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1993

3a. Date of Last Report
08/12/1994

4. FEI Number
59-3173480

5. Certificate of Status Desired **\$6.75 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

2. Principal Place of Business

21. **311 Centre St.**

22. **Suite 207**

23. **Fernandina Beach, FL**

24. **32034**

25. **USA**

2a. Mailing Address **311 Centre St**

26. ~~303 Centre St~~

27. **Suite 207**

28. **Fernandina Beach, FL**

29. **32035-1523**

30. **USA**

9. Name and Address of Current Registered Agent

**WOOD, MARSHALL E
303 CENTRE STREET
P.O. BOX P
FERNANDINA BEACH FL 32034**

10. Name and Address of Now Registered Agent

B1. Name
Albert L. Richard

B2. Street Address (P.O. Box Number is Not Acceptable)
311 Centre St.

B3. **Suite 207**

B4. City
Fernandina Beach

B5. Zip Code
FL 32034

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: **ALBERT L. RICHARD, PRESIDENT** *Albert L. Richard* **Jan 9, 95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICHARD, ALBERT L
STREET ADDRESS	31 SALT MARSH DR
CITY, ST, ZIP	AMELIA ISLAND FL
TITLE	STD
NAME	RICHARD, JACQUELYN F
STREET ADDRESS	31 SALT MARSH DR
CITY, ST, ZIP	AMELIA ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1.1 STREET ADDRESS	
1.1 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(9)(b), Florida Statutes. I further certify that this information is filed on this annual report or supplemental annual report in full and is correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or an attachment with my address.

SIGNATURE: *Albert L. Richard* **Jan 9, 95** **704-277-2535**