

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019317 (5)

1. Corporation Name

H.O.I., INC.

Principal Place of Business

**3482 MAGGIE BLVD.
ORLANDO FL 32811**

Mailing Address

**3482 MAGGIE BLVD.
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/11/1993

3a. Date of Last Report

07/28/1994

4. FEI Number

59-3229137

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**

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAHER, JOSEPH JR
3482 MAGGIE BLVD.
ORLANDO FL 32811**

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MAHER, JOSEPH P
STREET ADDRESS	25 ST. AUGUSTINE BLVD.
CITY - ST - ZIP	ST. AUGUSTINE FL 32804
TITLE	D
NAME	MAHER, PATRICIA J
STREET ADDRESS	25 ST. AUGUSTINE BLVD.
CITY - ST - ZIP	ST. AUGUSTINE FL 32804
TITLE	D
NAME	MAHER, JOSEPH JR
STREET ADDRESS	7052 DELORA DR.
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	D
NAME	MAHER, PATRICK
STREET ADDRESS	7052 DELORA DR.
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	
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 110.07(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 as an attachment with an addendum.

SIGNATURE:

Joseph P. Maher

PRINTED NAME AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 407872-7695