

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:37

DOCUMENT # P93000025103 (1)

1. Corporation Name

HRM SERVICES, INC.

Principal Place of Business

6615-21 BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33437

Mailing Address

4950 N. DIXIE HIGHWAY
SUITE A
FORT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/06/1993

3a. Date of Last Report

11/10/1994

4. FEI Number

APPLIED FOR

65-0580654

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

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNELLY, JOHN S ESQ.
ATTORNEY AT LAW
4950 N. DIXIE HIGHWAY, SUITE A
FORT LAUDERDALE FL 33334

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 title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
MCCARTY, RICHARD
921 HILLSBORO MILE
POMPANO BEACH FL 33062

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
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CITY ST ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY ST ZIP
☐ Change ☐ Addition

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CITY ST ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY ST ZIP
☐ Change ☐ Addition

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5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY ST ZIP
☐ Change ☐ Addition

REMITTED BY MAY 1

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 D. McCarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard D. McCarty

4/23/95

Date

Signature Page #