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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P93000036162 (4)**

1. Corporation Name

**H.B.H. FINANCIAL SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3410 BILLS RD<br>JACKSONVILLE FL 32207 | 3410 BILLS RD<br>JACKSONVILLE FL 32207 |

3. Date Incorporated or Qualified: **05/19/1993**

3a. Date of Last Report: **06/13/1995**

4. FEI Number: **59-3186319** ☐ 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 Street, Apt. #, etc.; City & State; Zip; Country 25)

2a. Mailing Address (26 Street, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country 30)

9. Name and Address of Current Registered Agent

24 **HOBLIT, JOHN M**
**3410 BILLS RD**
**JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

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 617.1803, 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. Said 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | ☐ DELETE |
| NAME | HOBLIT, JOHN M | |
| STREET ADDRESS | 3410 BILLS RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1 TITLE | | ☐ Change ☐ Addition |
| 2 NAME | | |
| 3 STREET ADDRESS | | |
| 4 CITY-ST-ZIP | | |
| 5 TITLE | | ☐ Change ☐ Addition |
| 6 NAME | | |
| 7 STREET ADDRESS | | |
| 8 CITY-ST-ZIP | | |
| 9 TITLE | | ☐ Change ☐ Addition |
| 10 NAME | | |
| 11 STREET ADDRESS | | |
| 12 CITY-ST-ZIP | | |
| 13 TITLE | | ☐ Change ☐ Addition |
| 14 NAME | | |
| 15 STREET ADDRESS | | |
| 16 CITY-ST-ZIP | | |
| 17 TITLE | | ☐ Change ☐ Addition |
| 18 NAME | | |
| 19 STREET ADDRESS | | |
| 20 CITY-ST-ZIP | | |
| 21 TITLE | | ☐ Change ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is complete, accurate and not misleading. I further certify that the information indicated on this annual report or supplemental 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 Blocks 12 or Blocks 13 with an indication for a change or addition of an officer or director.

**SIGNATURE:** _____ 2/7/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)