FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

95 MAY 17 PM 2:15

DOCUMENT # P93000046726

1. Corporation Name

Honey-Do Service, Inc.

300001442473
-03/29/95--01030--009
****208.75 ****208.75

Principal Place of Business	Mailing Address
1694 W. 72nd St. Hialeah, Fl. 33014	15505 Bull Run Road Suite 226 Miami Lakes, Fl. 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6-25-93
3a. Date of Last Report: 5-1-94

2. Principal Place of Business	2a. Mailing Address
21 1694 W. 72nd Street	26 15505 Bull Run Road
22 Suite, Apt. #, etc.	27 Suite 226
23 City & State: Hialeah, Florida	28 City & State: Miami Lakes, Florida
24 Zip: 33014 / 25 Country: Dade	29 Zip: 33014 / 30 Country: Dade

4. FEI Number: 65-0422132 ☐ 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
Lary K. Hooper 29625 S. W. 177 Avenue Homestead, Florida 33030	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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	11 TITLE	☒ Change ☐ Addition
NAME	Sandra J. Wright	12 NAME	
STREET ADDRESS	1694 W. 72nd Street	13 STREET ADDRESS	1694 W. 72nd Street
CITY-ST-ZIP	Hialeah, Florida 33014	14 CITY-ST-ZIP	Hialeah, Florida 33014
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	Sandra J. Wright	22 NAME	
STREET ADDRESS	1694 W. 72nd Street	23 STREET ADDRESS	1694 W. 72nd Street
CITY-ST-ZIP	Hialeah, Florida 33014	24 CITY-ST-ZIP	Hialeah, Florida 33014
TITLE	V	31 TITLE	☐ Change ☒ Addition
NAME	David Dodge	32 NAME	
STREET ADDRESS	9001 S. W. 94 St. #111	33 STREET ADDRESS	
CITY ST ZIP	Miami, Florida 33176	34 CITY ST ZIP	ZIP CODE 33176
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 added in connection with an address.

SIGNATURE: Sandra J. Wright SANDRA J. WRIGHT 3-21-95 305-826-3837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

KW 3-27-95