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

APPROVED AND FILED
95 APR 28 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000047652 (1)**

1. Corporation Name
HOOSIER HOLDINGS, INC.

Principal Place of Business	Mailing Address
713 MARION AVE. SUITE 206 PUNTA GORDA FL 33650	713 MARION AVE. SUITE 206 PUNTA GORDA FL 33650

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/07/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 610 E. OLYMPIA AVE.	26 610 E. OLYMPIA AVE.
Suite, Apt. #, etc. 22 SUITE 201	Suite, Apt. #, etc. 27 SUITE 201
City & State 23 PUNTA GORDA FL.	City & State 28 PUNTA GORDA FL.
Zip / Country 24 33950 / 25	Zip / Country 29 33950 / 30

4. FEI Number: 59-3190646 ☐ 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
GASSMAN, ALAN S 1212 COURT ST. SUITE B CLEARWATER FL 34616	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1245 Court St. 83 Suite 102 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 necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☒ Change ☐ Addition
NAME	MOENNING, JOHN	12 NAME	
STREET ADDRESS	713 MARION AVE., SUITE 206	13 STREET ADDRESS	610 E. OLYMPIA AVE., SUITE 201
CITY-ST-ZIP	PUNTA GORDA FL 33650	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	☒ Change ☐ Addition
NAME	MOENNING, STEPHEN	22 NAME	
STREET ADDRESS	713 MARION AVE., SUITE 206	23 STREET ADDRESS	610 E. OLYMPIA AVE., SUITE 201
CITY-ST-ZIP	PUNTA GORDA FL 33650	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	MOENNING, MERLE J	32 NAME	
STREET ADDRESS	713 MARION AVE., SUITE 206	33 STREET ADDRESS	610 E. OLYMPIA AVE., SUITE 201
CITY-ST-ZIP	PUNTA GORDA FL 33650	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	MOENNING, AMY D	42 NAME	
STREET ADDRESS	713 MARION AVE., SUITE 206	43 STREET ADDRESS	610 E. OLYMPIA AVE., SUITE 201
CITY-ST-ZIP	PUNTA GORDA FL 33650	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 on an attachment with an address.

SIGNATURE: x _____ 4-24-95 813-639-4646.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0329010 CP