

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # **P93000047652 (1)**

1. Corporation Name
HOOSIER HOLDINGS, INC.



Principal Place of Business

**610 E. OLYMPIA AVE.
STE 201
PUNTA GORDA FL 33650
US**

Mailing Address

**610 E. OLYMPIA AVE.
STE 201
PUNTA GORDA FL 33650-3675
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/07/1993

3a. Date of Last Report

05/01/1996

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

**GASSMAN, ALAN S
1245 COURT ST.
STE 102
CLEARWATER FL 34616**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE

NAME **MOENNING, JOHN**
STREET ADDRESS **610 E. OLYMPIA AVE. STE 201**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **STD** ☐ DELETE

NAME **MOENNING, STEPHEN**
STREET ADDRESS **610 E. OLYMPIA AVE, STE 201**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **D** ☐ DELETE

NAME **MOENNING, MERLE J**
STREET ADDRESS **610 E. OLYMPIA AVE, STE 201**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **D** ☐ DELETE

NAME **MOENNING, AMY D**
STREET ADDRESS **610 E. OLYMPIA AVE, STE 201**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **D** ☐ DELETE

NAME **JANZ, TIMOTHY A**
STREET ADDRESS **610 E OLYMPIA AVE SUTE 200**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **D** ☐ DELETE

NAME **JANZ, SUSAN**
STREET ADDRESS **610 E OLYMPIA AVE SUTE 200**
CITY-ST-ZIP **PUNTA GORDA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97

941

Date

Daytime Phone #

CR2E034 (9/96)