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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000047652 (1)

HOOSIER HOLDINGS, INC.

	1,000.					i a i a i a a i a a a a a a a a a a a a a a a a
Principal Place of Business			Mailing Address		4 100111801 110 13160E 21171 \$0111 00111 00111 00111 \$	TRAL LANDIN DITAL STAFF LEGY LONI
610 E. OLYMPIA AVE. 8TE 201 PUNTA GORDA FL 33650			610 E. OLYMPIA AVE. Ste 201 Punta Gorda Fl 33650		DO NOT WRITE IN THE	S SPACE
US			U\$		3. Date Incorporated or Qualified 07/07/1993	
	Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	0.3- 1-1		26 Suite, Apt. #, etc.		59-3190646	Not Applicable
22	·	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Щ.	Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24		25		30	Personal Property Tax due June 30.	Yes No
		9. Name and Address of C	Current Registered Agent	 	10. Name and Address of New Registere	d Agent
GASSMAN, ALAN S				81 Name		
	1245 COURT ST.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	STE 102			83	· · · · · · · · · · · · · · · · · · ·	
	Cu	EARWATER FL 34616				
				64 City	F	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.						
	SNATURE	Signature, typed or printed name of registe		Registered Agent signature rec		
12.	·		IS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITL	E	PSD	☐ DELETE	1.1 TITLE		Change Addition
NAM	Œ	MOENNING, JOHN		1.2 NAME		
	EET ADDRESS	610 E. OLYMPIA AVE. S	TE 201	1 3 STREET ADDRESS		i
	-ST-ZIP	PUNTA GORDA FL	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	՝ հ	vtd Moenning, stephen	DECER	2.1 TITLE 2.2 NAME		Circulate Circulation
	EET ADDRESS	610 E. OLYMPIA AVE. S	TE 201	2.3 STREET ADDRESS		
	-ST-ZIP	PUNTA GORDA FL	16 601	2 4 CITY-ST-ZIP		
TITLE		D	☐ DELETE	31 TITLE		Change Addition
NAM	IE	MOENNING, MERLE J		3.2 NAME		İ
STRE	EET ADDRESS	610 E. OLYMPIA AVE, S	TE 201	3.3 STREET ADDRESS		
_	-ST-ZIP	PUNTA GORDA FL		3.4. CITY-ST-ZIP		
TITLE		D	DELETE	4.1 TITLE		Change Addition
NAM	· •	MOENNING, AMY D	TE 004	4 2 NAME		
	EET ADDRESS	610 E. OLYMPIA AVE, S'	IE 201	4.3 STREET ADDRESS		
CITY	- ST-ZIP	PUNTA GORDA FL D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAM		JANZ, TIMOTHY A	ت مستد	5.2 NAME		المرابع المرابع المرابع المرابع المرابع
	ET ADORESS	810 E OLYMPIA AVE SU	TE 200	5.3 STREET ADDRESS		ļ
	- ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP		
Titu		D	DELETE	6.1 TITLE		Change Addition
NAM	.	IANT SUSAN		6 2 NAME		

14. Thereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

610 E OLYMPIA AVE SUTE 200

PUNTA GORDA FL

Jems Manner mo

4-22-98

941-639-4646

FILED

May 04 1998 8:00am

Secretary of State

PZE034 (10/97)