

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

'95 APR 20 AM 8:42

DOCUMENT # P94000001827 (2)

1. Corporation Name

HAUFF REALTY INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**614 S. SEVENTH STREET
DADE CITY FL 33525**

Mailing Address

**614 S. SEVENTH STREET
DADE CITY FL 33525**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 13920 Seventh Street

2a. Mailing Address

26 P.O. 667

4. FEI Number

59-3216929

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Dade City, FL

City & State

28 Zephyrhills, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 33525

25 Pasco

Zip

Country

29 33539-0667

30 Pasco

9. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAUFF, LINDA S
614 S. SEVENTH STREET
DADE CITY FL 33525**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HAUFF, LINDA S
STREET ADDRESS	614 S. SEVENTH STREET
CITY - ST - ZIP	DADE CITY FL 33525
TITLE	STD
NAME	HAUFF, LEROY D
STREET ADDRESS	614 S. SEVENTH STREET
CITY - ST - ZIP	DADE CITY FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Hauff, Linda S	
1.3 STREET ADDRESS	13920 Seventh Street	
1.4 CITY - ST - ZIP	Dade City, FL 33525	
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	Hauff, LeRoy D	
2.3 STREET ADDRESS	13920 Seventh Street	
2.4 CITY - ST - ZIP	Dade City, FL 33525	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA S. HAUFF *Linda S. Hauff*

4-17-95

813-782-8929