**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 MAY -1 PM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034912 (3)

1. Corporate Name
HIS WAY HOLDINGS, INC.

Principal Place of Business
4801 RIVER HILLS DRIVE
TAMPA FL 33617

Mailing Address
4801 RIVER HILLS DRIVE
TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: 59-3245076 — 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
HALE, LOUISE H
4801 RIVER HILLS DRIVE
TAMPA FL 33617

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 607.0505 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
(Typed or printed name of registered agent and title if a corporate agent) (Registered Agent's signature required after filing) (Date)

12. OFFICERS AND DIRECTORS

| Title | Name | Street Address | City, State, Zip |
|---|---|---|---|
| PD | HALE, LOUISE H | 4801 RIVER HILLS DRIVE | TAMPA FL 33617 |
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13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

| Title | Name | Street Address | City, State, Zip | |
|---|---|---|---|---|
| | | | | ☐ Change ☐ Addition |
| | | | | ☐ Change ☐ Addition |
| | | | | ☐ Change ☐ Addition |
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| | | | | ☐ Change ☐ Addition |
| | | | | ☐ Change ☐ Addition |

14. I hereby certify that the information supplied with this report is complete, accurate and not misleading. I further certify that the information indicated on this 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 other business entity required to file the report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report or on any attachment with an address.

SIGNATURE: Louise H. Hale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/95
Date

1-813-925-8951
Daytime Phone #

0443370 FP