

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortman

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000037644 (9)

1. Corporation Name

H.C.F. U.S.A. INC.



Principal Place of Business

15494 SE 24TH ST. RD.
OCKLAWAHA FL 32179

Mailing Address

15494 SE 24TH ST. RD.
OCKLAWAHA FL 32179

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

GRAY, RICHARD
15494 SE 24TH ST. RD.
OCKLAWAHA FL 32179

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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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

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GRAY, ELIZABETH
15694 SE 24TH ST RD
OCKLAWAHA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GRAY, RICHARD
15494 SE 24TH ST RD
OCKLAWAHA FL

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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; my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4-25-96 352-625-7758

CR2E034 (12/95)