

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96

B-5108

C

DOCUMENT # P94000052409 (7)

1. Corporation Name

HUNSBURGER-HODGES, INC.

Principal Place of Business

15136 68TH COURT NORTH
LOXAHATCHEE FL 33470

Mailing Address

15136 68TH COURT NORTH
LOXAHATCHEE FL 33470



2. Principal Place of Business

2a. Mailing Address

21 124 CLEVELAND ST

26 124 CLEVELAND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 REAR

27 REAR

City & State

City & State

23 LAKE WORTH FL

28 LAKE WORTH FL

Zip

Country

Zip

Country

24 33461

25 USA

29 33461

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/12/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0507361

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

HUNSBURGER, FREDERICK J
15136 68TH COURT NORTH
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name

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

124 CLEVELAND ST

83

84 City

LAKE WORTH

FL

85

Zip Code

33461

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 D
NAME HUNSBURGER, FREDERICK J
STREET ADDRESS 15136 68TH COURT NORTH
CITY-ST-ZIP WEST SENECA NY ☐ DELETE

TITLE D
NAME HODGES, MICHAEL
STREET ADDRESS 15136 68TH COURT NORTH
CITY-ST-ZIP LOXAHATCHEE FL 33470 ☐ DELETE

TITLE D
NAME HODGES, NANCY
STREET ADDRESS 3821 SENECA STREET
CITY-ST-ZIP WEST SENECA FL 14224 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

124 CLEVELAND ST
LAKE WORTH FL 33461

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

120 CLEVELAND ST
LAKE WORTH FL 33461

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

WEST SENECA NY 14224

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 119.07(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 607, 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

Fredrick J Hunsbarger 4/65/96 533-6833

CR2E034 (12/95)