## 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

1. Corporation Name

**DOCUMENT #** 

2. Principal Place of Business

P94000063780 (8)

HIMES EMPLOYEES, INC.

Principal Place of Business 4 COMMERCE PARK DESTIN FL 32541

Mailing Address

P.O. BOX 5324 DESTIN FL 32540 US

2a. Mailing Address

96 SEP 10 AH 9: 17

3a. Date of Last Report

05/01/1995

Applied For

Not Applicable



3. Date Incorporated or Qualified

08/29/1994

4. FEI Number

Principal Place of Business		2a. Mailing Address			59-3174985		Not Applicable		
		26				<del></del>			Additional
Suite, Apt. #, e	itc.	Suite, Apt. #, etc.				Certificate of Status Desired		Fee	Required
		City & State				6. Election Campaign Financing			May Be
City & State		28				Trust Fund Contribution			d to Fees
	Country	Zip	Coun	try		8. This corporation has liability for intang	jible ta	x under s	199.032,
Zip •	Country	29	30			Florida Statutes Yes		Lant	
	25   9. Name and Address of Currer					10. Name and Address of New Regis	(ereo /	Agent	<del></del>
	9. Name and Routes C.		[ <sub>1</sub>	81	Name				
CORPORATION INFORMATION SERVICES INC.					82 Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS ST.				83		-			
TALLAHASSEE FL 32301				85				85 4	ip Code
				84	City		FL		
		1 007 1EOR Florido Statute	e the above	ve-n	amed corpor	ration submits this statement for the purpose rd of directors. I hereby accept the appointn	of ch	anging its	registered offic Id abent I am
						ration submits this statement for the purpose rd of directors. I hereby accept the appoints of when reinstating!	DATE		
Sk	gnature, typed or printed name of registered age	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AN	DIREC	ORS IN 12 Addition
2.		DELETE	1.11	ITLE				Chang	E MOGRICO
TLE	DP 101111	<del>_</del>	1,2 N	AME					
AME	HIMES, JOHN		1.3 \$	TREET	ADDRESS				
TREET ADDRESS	4 COMMERCE PARK		140	ITY-9	ST-ZIP				Addition
ITY-ST-ZIP	DESTIN FL 32541	☐ DELETE	2.11			4000	വ	LTL	
ITLE	V	<b>—</b>	2.2 N	LAMÉ	1	-09/25/9	)C	กักคร	1021
LAME .	GARNER, NELL F		2.3 \$	TREE	T ADDRESS	- May 201	ິດຄ	**	**225.00
STREET ADORESS	4 COMMERCE PARK		240	CITY-1	ST-21P	***************************************			
ITY-ST-ZIP	DESTIN FL 32541	DELETE		TITLE		<del></del>		Chang	le 🗀 voino
TITLE	S	_	3.21	NAME	į				
NAME	HAMMOND, JODY F		3.3.	STRE	ET ADDRESS				
STREET ADDRESS	4 COMMERCE PARK		3.4	CITY-	ST-ZIP			Chan	ge
CITY-ST-ZIP	DESTIN FL 32541	DELETE		TITLE					Re T' MODILIC
TITLE	BUGGS, MICHAEL A	•	4.2	NAME					
NAME			4.3	STRE	ET ADDRESS				
STREET ADDRESS	4 COMMERCE PARK DESTIN FL 32541		4.4	CITY -	- ST - <b>Z</b> IP			☐ Char	ge Additi
CITY-ST-ZIP	DESTIN FL 36341	☐ DELETE	5 1	TITL	E				8° (-1 / 1200)
TITLE	· ·		5.2	NAM	E				
MARKE			1.0	STRE	ET ADDRESS				
NAME			9.3						- A 44%
STREET ADDRESS					-ST-ZIP			□ Cha	NGE I AOOU
STREET ADDRESS CITY-ST-ZIP		DELETE	5.4					☐ Cha	nge [] Additi
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.4 6.1	CITY	E			□ Cha	nge L. Additi
STREET ADDRESS CHY-ST-ZIP TITLE NAME		☐ DELETE	5.4 6. 1 6.2	CITY 1 TITL NAM	E	<b>.1</b> 5.	9-2	_ cha 2∩ -	nge LJ Additi Al a
STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS		_	5.4 6.1 6.2 6.3	CITY 1 TITL NAM 3 STRI	E IE EET ADDRESS (-ST-ZIP	fy for the exemption stated in Section 119.0 urate and that my signature shall have the statis report as required by Chapter 607, Flor	9-6	20 -	94

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

9-5-96 904-832-1159