

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED AND FILED  
MAY 1 1995  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068772 (0)

1. Corporation Name

H & R ADVISORY SERVICE, INC.

Principal Place of Business  
2940  
2940 MAC ALPIN DR W  
PALM HARBOR FL 34684

Mailing Address  
2940  
2940 MAC ALPIN DR W  
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1994  
3a. Date of Last Report: 1st Rept.  
4. FEI Number: 59-3270565  
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

2. Principal Place of Business: 21. As Above  
2a. Mailing Address: 26. As Above  
22. State Apt. #, etc.:  
23. City & State:  
24. Title: 25. Capacity: 29. Title: 30. Capacity:

9. Name and Address of Current Registered Agent  
ZIMMERMAN, ROBERT J  
2490 MAC ALPIN DR W  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent  
B1 Name:  
B2 Street Address (P.O. Box Number is Not Acceptable):  
B3:  
B4 City: FL B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0612 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 607.0606, Florida Statutes.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZIMMERMAN, ROBERT J
STREET ADDRESS	2940 MAC ALPIN DR W
CITY, ST, ZIP	PALM HARBOR FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 STREET ADDRESS	
1 CITY, ST, ZIP	
2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 STREET ADDRESS	
2 CITY, ST, ZIP	
3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 STREET ADDRESS	
3 CITY, ST, ZIP	
4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 STREET ADDRESS	
4 CITY, ST, ZIP	
5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 STREET ADDRESS	
5 CITY, ST, ZIP	
6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 STREET ADDRESS	
6 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 1, or Block 13, hereon, or on an attachment with an address.

SIGNATURE: *Robert J Zimmerman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95  
813 784 8237