

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000071028 (2)

1. Corporation Name

HFI REAL ESTATE COMPANY, INC.



Principal Place of Business

Mailing Address

~~14323 S. OUTER FORTY, #600 N.~~
~~CHESTERFIELD MO 63017~~

P.O. BOX 2314
SARASOTA FL 34230

2. Principal Place of Business
21 **6350 GULF OF MEXICO DR.**

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Longboat Key, FL

28 City & State

24 Zip
34228

25 Country
USA

29 Zip
34228

30 Country
USA

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0525699

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

10. Name and Address of New Registered Agent

**HUBBARD, STEVEN W
2080 MCGREGOR BLVD.
THIRD FLOOR
FORT MYERS FL 33901-3419**

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 607.0502 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 ☐ DELETE
NAME **PD**
STREET ADDRESS **NINK, MICHAEL E.**
CITY-ST-ZIP **6350 GULF OF MEXICO DRIVE**
LONGBOAT KEY FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **LAYFIELD, JAMES D**
CITY-ST-ZIP **6350 GULF OF MEXICO DRIVE**
LONGBOAT KEY FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **MARISCHEN, ROBERT J**
CITY-ST-ZIP **14323 S OUTER FORTY DR #600N**
CHESTERFIELD MO

TITLE ☐ DELETE
NAME **VPST**
STREET ADDRESS **VERKRUYSSE, ANTHONY J**
CITY-ST-ZIP **14323 S. OUTER FORTY DR #600N**
CHESTERFIELD MO

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HUNTER, B.D.**
CITY-ST-ZIP **14323 S OUTER FORTY DR #600W**
CHESTERFIELD MO

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
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

4/10/96

Date

Daytime Phone

CR2E034 (12/95)