FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000071034 (0)**

1. Corporation Name

HFI DEVELOPMENTS, INC.

Principal Place of Business	Mailing Address
~~14323 S. OUTER FORTY. #600 N.~~ ~~CHESTERFIELD MO 63017~~	14323 S. OUTER FORTY. #600 N CHESTERFIELD MO 63017

3. Date Incorporated or Qualified: **09/27/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 6350 GULF of MEXICO DR.
22: Suite, Apt. #, etc.
23: City & State: LONGBOAT Key, FL
24: Zip: 34228 25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

4. FEI Number: **65-0525700** ☐ 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

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

10. Name and Address of New Registered Agent

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: _____ DATE: _____
Signature, typed or printed name of registered agent (required) (NOTE: Registered Agent's signature required if name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Ass. SEC.	☐ Change ☒ Addition
NAME	MARISHEN, ROBERT J.		1.2 NAME		
STREET ADDRESS	14323 S. OUTER FORTY DR. #600N		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO		1.4 CITY-ST-ZIP		
TITLE	VPST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VERKRUYSE, ANTHONY J.		2.2 NAME		
STREET ADDRESS	14323 S. OUTER FORTY DR. #600N		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAYFIELD, JAMES		3.2 NAME		
STREET ADDRESS	6350 GULF OF MEXICO DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NINK, MICHAEL E.		4.2 NAME		
STREET ADDRESS	6350 GULF OF MEXICO DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUNTER, B.D.		5.2 NAME		
STREET ADDRESS	14323 S. OUTER FORTY DR. #600N		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Anthony Verkruyse 4/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE
ANTHONY J. VERKRUYSE
Daytime Phone #