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**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 19 PM 1:13

DOCUMENT # P94000092946 (0)

1. Corporation Name

H.C.F. DEVELOPMENT, INC.

Principal Place of Business

**102 E MAPLE STREET
WINTER GARDEN FL 34787**

Mailing Address

**102 E MAPLE STREET
WINTER GARDEN FL 34787**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1994

3a. Date of Last Report

2. Previous Place of Business

21

State Apt # etc

22

City & State

23

City & State

24

City & State

2a. Mailing Address

25

State Apt # etc

27

City & State

28

City & State

29

City & State

Country

30

4. FFI Number

59-3289730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Tax Form Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Does corporation have liability for extending tax under S 1361(b)?

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**MASHBURN, ERIC S
102 E MAPLE STREET
WINTER GARDEN FL 34787**

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 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Representative of the Corporation

Signature of Registered Agent or Representative of the Corporation

Signature

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
BACHMANN, HARTMUT
LOENSWEG 8
D-33617 BIELEFELD GERMANY**

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
Bachmann, Hartmut
6820 Osceola Drive
Mount Dora, FL 32757**

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(1)(b), 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 make this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hartmut Bachmann, Pres.

05-17-95

Deposited By Bank KC