## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000016256 1. Corporation Name

HOFNER ENTERPRISES, INC.

**FILED** Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90179 028 \*\*\*150.00



							/ <b>8</b> 1 // <b>8</b> 10 8///5	JARRA BIRKO BRIT HORI
Principal Place of Business Mailing Address								
4452 BEE RIDGE	E RD		5TH STREET EAST. #93	}				
SARASOTA FL 34233 BRADENTON FL 34203 US			ADENTON FL 34203			DO NOT WRITE IN TH	US SPACE	;
						DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed		
						02/27/1995		
2. Principal Pla	ace of Business	2a. Mail	ing Address			4. FEI Number		Applied For
21		26	-			65-0563551		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.7	75 Additional
22 27						5. Certifcate of Status Desired	Fe	e Required
City & State City & State						6. Election Campaign Financing	\$5.	.00 May Be
23		28				Trust Fund Contribution	Add	ded to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	No
24	9. Name and Address of Cu			$\neg \tau$		10. Name and Address of New Register	ed Agent	
				81	Name			
HOFI	NER, JOHN R			20	5	(D.O. Bay Number in Not Accordable)	<del></del>	
5707 - 45TH STREET EAST, #93				82	Street Addi	at Address (P.O. Box Number is Not Acceptable)		
BRAI	DENTON FL 34203			83				
							<del></del>	
				84	City		FL  85	Zip Code
						poration submits this statement for the purpose		na its registered
	to the provisions of Sections 607 egistered agent, or both, in the Si m familiar with, and accept the ol		tion 607.0505, Florida	Statutes	ille corporati	Off a Bodila of anable is, Thereby Essapr and ap		
SIGNATURE						d star sed when reinstating) ( - five sed sed when reinstating)	A . 24 . 5	
01011111111111	Signature, typed or printed name of registered				nt signature require	ADDITIONS/CHANGES TO OFFICERS	ANDIDIDE	CTOPS IN 12
12.	<del></del>	S AND DIRECTO		13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	Cha	
TITLE	D		_	1.1 TITLE				ingo
NAME.	HOFNER, JOHN, R		'	12 NAME				
STREET ADDRESS	5707 - 45TH STREET EAST	, <b>#9</b> 3		1.3 STREE	TADDRESS			
CITY-ST-ZIP	BRADENTON FL 34203			1.4 CITY-S	T-ZIP			
TITLE	D		☐ DELETE	2.1 TITLE			Cha	ange
NAME	HOFNER, RUTH E			2.2 NAME				
STREET ADDRESS	5707 - 45TH STREET EAST	. #93	J	2.3 STREE	TADDRESS			
	BRADENTON FL 34203	,	Į.	2. 4 CITY-5	ST-ZIP			
CITY-ST-ZIP TITLE	D			3.1 TITLE			Cha	ange 🔲 Additio
	HOFNER, JOHN G			3.2 NAME	ì			
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STREET ADDRESS		i, #30			J			
CITY-ST-ZIP_	BRADENTON FL 34203			3.4. CITY-5 4.1 TITLE	21-2IF		Cha	ange Addition
TITLE			_	4. 2 NAME			_	_
NAME					1			
STREET ADDRESS					TADORESS			
CITY-ST-ZIP			M DOLETE	4.4 CITY-8	ST-ZIP		Chi	ange
TITLE				5.1 TITLE		•	: 1	9¢ □odiii
NAME			B.	5.2 NAME				
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP				5.4 CITY-S	ST-ZIP			
TITLE				6.1 TITLE	-		☐ Ch	ange 🔲 Additi
NAME			Į.	6.2 NAME	Į			
CTDEET ADODESS				6.3 STREE	T ADDRESS			

64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like ampowered.

SIGNATURE: JOHN R. HOFNER