

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 # P95000017736 (6)

1. Corporation Name

HO'OMAKA HOU, INC.

Principal Place of Business

280 126TH AVE. EAST  
TREASURE ISLAND FL 33706

Mailing Address

280 126TH AVE. EAST  
TREASURE ISLAND FL 33706



3. Date Incorporated or Qualified

03/03/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 2519 McMullen Booth

26 2519 McMullen Booth Rd

4. FEI Number

59-3299079

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 \$206

27 # 206

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 Clearwater

28 Clearwater

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 34621

25 USA

29 34621

30 USA

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

BROIDA, JOEL D

605 75TH AVE.

ST. PETERSBURG BEACH FL 33706

81 Name

Kevin Stephanson CPA

82 Street Address (P.O. Box Number is Not Acceptable)

10658 Seminole Blvd.

83

LEAVE AS IS

84 City

Seminole

FL

85 Zip Code

34642

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME SMITH, WILLIAM M  
STREET ADDRESS 280 126TH AVE. E.  
CITY-ST-ZIP TREASURE ISLAND FL 33706

1.1 TITLE

President & Director

☒ Change ☐ Addition

NAME

1.2 NAME

Elizabeth J. Smith

STREET ADDRESS

1.3 STREET ADDRESS

1925 Bayshore Ct

CITY-ST-ZIP

1.4 CITY-ST-ZIP

Safety Harbor FL 34695

TITLE ☐ DELETE

NAME SMITH, ELIZABETH J  
STREET ADDRESS 280 126TH AVE. E.  
CITY-ST-ZIP TREASURE ISLAND FL 33706

2.1 TITLE

Secretary-Treasurer & Director

☒ Change ☐ Addition

NAME

2.2 NAME

William M. Smith

STREET ADDRESS

2.3 STREET ADDRESS

1925 Bayshore Ct.

CITY-ST-ZIP

2.4 CITY-ST-ZIP

Safety Harbor, FL 34695

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

Vice President & Director

☐ Change ☒ Addition

NAME

4.1 TITLE

G. Michael Smith

STREET ADDRESS

4.2 NAME

1925 Bayshore Ct.

CITY-ST-ZIP

4.3 STREET ADDRESS

Safety Harbor FL 34695

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

NAME

5.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

NAME

6.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth J. Smith 3/8/96 (813) 725-0118

CR2E034 (12/95)