

**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 # **P95000027589 (7)**

1. Corporation Name  
**HOHMAN AND ASSOCIATES INC.**



Principal Place of Business  
**3047 BELL GROVE RD. TALLAHASSEE FL 32308**

Mailing Address  
**3047 BELL GROVE RD. TALLAHASSEE FL 32308**

2. Principal Place of Business  
21 **Hob Hays St.**  
22 **Suite 5**  
23 **Tallahassee, Fl.**  
24 **32301** 25 **USA**

2a. Mailing Address  
26 **Hob Hays St.**  
27 **Suite 5**  
28 **Tallahassee, Fl.**  
29 **32301** 30 **USA**

3. Date Incorporated or Qualified: **04/03/1995**

3a. Date of Last Report: **1st Report**

4. FEI Number: **59-3314284**

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  
**HOHMAN, JOHN A  
3047 BELL GROVE RD.  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent  
B1 Name: **Same**  
B2 Street Address (P.O. Box Number is Not Acceptable): **Hob Hays St. Ste. 5**  
B3 City: **Tallahassee FL** B5 Zip Code: **32301**

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 officer 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: *John Hohman* **John Hohman President** DATE: **4/23/96**

12. OFFICERS AND DIRECTORS

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            | <b>John Hohman</b>              |
| STREET ADDRESS  | <b>President</b>                |
| CITY - ST - ZIP | <b>Hob Hays St. Ste. 5</b>      |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             |   |
| 3. STREET ADDRESS   |   |
| 4. CITY - ST - ZIP  |   |
| 5. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME             |   |
| 7. STREET ADDRESS   |   |
| 8. CITY - ST - ZIP  |   |
| 9. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME            |   |
| 11. STREET ADDRESS  |   |
| 12. CITY - ST - ZIP |   |
| 13. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME            |   |
| 15. STREET ADDRESS  |   |
| 16. CITY - ST - ZIP |   |
| 17. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME            |   |
| 19. STREET ADDRESS  |   |
| 20. CITY - ST - ZIP |   |

**500001828025**  
**-05/20/96--01015--003**  
**\*\*\*200.00**

**5-P**

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 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: *John Hohman* DATE: **4/23/96** DAYTIME PHONE: **904-671-2994**

CR2E034 (12/95)