

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90059 028 \*\*\*150.00

0062705

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000027589**

1. Corporation Name  
**HOHMAN & ASSOCIATES, INC.**



Principal Place of Business  
~~3047 KILLEARN POINTE COURT  
 TALLAHASSEE FL 32312~~  
**2320-B N. Monroe St.  
 Tall. Fl. 32303**

Mailing Address  
**3047 KILLEARN POINTE COURT  
 TALLAHASSEE FL 32312**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 2320-B N. Monroe St.**

2a. Mailing Address  
**26 Suite, Apt. #, etc.**

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

4. FEI Number  
**59-3314284**

Applied For  
 Not Applicable

22 City & State  
**Tallahassee, Fl.**

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip **32307** Country **USA**

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOHMAN, JOHN A  
 1406 HAYS ST.  
 STE 5  
 TALLAHASSEE FL 32301**

**2320-B N. Monroe St.  
 Tall. Fl. 32303**

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

**4-29-99**

Signature, typed or printed name of registered agent and his firm (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
 DELETE  
 TITLE **P**  
 NAME **HOHMAN, JOHN**  
 STREET ADDRESS **1406 HAYS ST. STE 5**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**  
**2320-B N. Monroe St.  
 Tall. Fl. 32303**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-99 950-3858881**

Date

Daytime Phone #

CR2E034 (1/198)