

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1986.
AMOUNT DUE ON OR BEFORE 8/7/86: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032959 (5)

1. Corporation Name

HCZ ENTERPRISES, INC.

Principal Place of Business

Mailing Address

622 WHISPERING LAKES BLVD.
SUITE A
TARPON SPRINGS FL 34609

622 WHISPERING LAKES BLVD.
SUITE A
TARPON SPRINGS FL 34609

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 13715 49th St. N 3B

27 Suite, Apt. #, etc.

23 City & State
CLEARWATER, FL

28 City & State

24 Zip Country
34622 USA

29 Zip Country
30

3. Date Incorporated or Qualified

3a. Date of Last Report

04/28/1985

N/A

4. FEI Number

Applied For

59-3312558

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, STEVEN P.
3333 HENDERSON BLVD.
#100
TAMPA FL 33609-2936

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 *Same*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

1.1 TITLE D ☒ Change ☐ Addition

NAME SCHLICHTE, HENRY L
STREET ADDRESS 4037 EAGLE COVE E. DRIVE
CITY-ST-ZIP PALM HARBOR FL 34885

1.2 NAME SCHLICHTE, HENRY L
1.3 STREET ADDRESS 622 WHISPERING LAKES BLVD.
1.4 CITY-ST-ZIP TARPON SPRINGS, FL 34609

TITLE D ☐ DELETE

2.1 TITLE D ☒ Change ☐ Addition

NAME SCHLICHTE, CHERYL B
STREET ADDRESS 4037 EAGLE COVE E. DRIVE
CITY-ST-ZIP PALM HARBOR FL 34885

2.2 NAME SCHLICHTE, CHERYL B
2.3 STREET ADDRESS 622 WHISPERING LAKES BLVD.
2.4 CITY-ST-ZIP TARPON SPRINGS, FL 34609

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Henry L. Schlachte 7-18-96 556-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (3/86)