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PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044463 (4)

HUFFMAN-FILZMAIER CORPORATION



97 MAY 16 AM 8:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address						I (ABITEON IIO IAIA) AIIII PATEI ANIII TAIII	IRIKI BIBIL I	11811 61818 91181	1 181L 5 4E L	
11 42ND AVE. NORTH		11 42ND AVE. NORTH SUITE 204								
SUITE 204 ST. PETERSBUR	ST. PETERSBURG FL 3371	3-8213								
		• • • • • • • • • • • • • • • • • • • •				3. Date Incorporated or Qualified	3a. Da	ate of Last R	eport	7
	STERMIN STATE SET OF	Entropy of the control of the contro				06/01/1995	04/	16/1996		}
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For]	
21	# 21-	26				59-3317690			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Į.		5. Certificate of Status Desired		\$8.75 A		1
City & State	A .	City & State		ł		C. Election Committee Figure 19			· ····	┨
23	<u> </u>	28				Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
Zip	Country	Zip	Co	ntry		8. This corporation has liability for i				1
24	25	29	30	1] No		ĺ
	9. Name and Address of Curren	l Registered Agent		1		10. Name and Address of New Re	lstered .	Agent]
	MAIER, PETER			81	Name					
	2ND AVE. NORTH			82	Street Add	ress (P.O. Box Number is Not Acceptab	e)			1
	E 204			00						4
. ST. F	PETERSBURG FL 33713			83						-
				84	City		r,	85 Zip (Code	7
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Status	los tho	ebov.	-panad corr	poration submits this statement for the p	FL.	changing it	e registered	-
office or r	egistered agent, or both, in the State m lamiliar with, and accept the obliga	of Florida, Such change was	authóriz:	ed by	the corporat	tion's board of directors. I hereby accep	the app	ointment as	registered	ĺ
•	m tamiliar with, and accept the obliga	itions of, Section 607.0505, 11	orida St	tutes	i.					
SIGNATURE	Signature, typed or printed name of registered ager	of and title if applicable (NO)	If Register	d Apr	nt signature requi	red when reinstating)	DATE			Ì
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICE] <u>@</u>
TITLE	D	☐ DELETE	1.1	TLE	J	4 00 00 2 -05/21/	9	Change	Addition	96/6)
NAME	FILZMAIER, PETER		1.2	AME	}	-05/21/	97~-C	1106	006 [—]	
STREET ADDRESS	6308 7TH AVE. SOUTH		1.3	TREET	ADDRESS	非***5 5	0.00	****5	50.00	<u> ມ</u> ິ
CITY-ST-ZIP TITLE	GULFPORT FL 33707	Delete	1.4	11Y-S	T - 21P			Change	Addition	CR2E034
NAME	D Huffman, Rodney A	□ betere	21	ITLE BAME	1			□1 Cuantie	ADDITION	
STREET ADDRESS	5460 57TH AVE. NORTH		2.2		ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33709		2.3		SI-ZIP					İ
TITLE	D	DELETE	31	TLE				Change	Addition	1
NAME	WALKER, TODD F		3.2	JAME				•		
STREET ADDRESS	120 S. HALE ST.		3.3	IREST	ADDRESS					1
CITY-ST ZIP	TAMPA FL 33609		3.4	ij τγ - \$	SI - ZIP					
TITLE ,		DELETE	4.	11LE	[Change	Addition	
NAME			4.	MAM	(
STREET ADDRESS			4.3	TREET	ADDRESS					1
CITY-ST-ZIP		Dr. 526	4	11Y - S	7-7IP				11.00	4
TITLE		☐ DELETE	5	ill£		•	_	☐ Change		
NAME STREET ADDRESS			5.	IAME		(1)	i lan	ノ		Ì
}			5		ADDRESS	$\mathcal{U} \cdot \mathcal{V}$		Q1		
CITY-ST-ZIP TITLE		DELETE	- 5 6	LTY-S LTLE	1 · ZIP		101	Channe	Addition	1
NAME		E offert	Ä	HAME	1	<u>ر</u>	131	change		1
STREET ADDRESS				}	ADDRESS					1
CITY-ST-ZIP					I-ZIP					
14, I do heret	by certify that the information supplied	with this filing does not quality	fy fpr		niption states	d in Section 119.07(3)(i) Florida Statute:	. I furthe	r certify that	the	1

Information indicated on this annual report of suppliemental annual report is true at tam an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed for on an attachment with an address

execute this report as required by Chapter 607, Florida Statutes, and that my name