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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

the state of the s

「原の時代機能用をでは、日本はいいないというでは、

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000064737 (6)

H & M AND ASSOCIATES, INC.

Principal Place of Business Mailing Address 858 STRATFORD DR 856 STRATFORD DR LAKELAND FL 33813 LAKELAND FL 33813 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3335634 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORRIS. CHARLES E JR 856 STRATFORD DR Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE P Change X Addition TITLE NAME MORRIS. CHARLES E JR 12 NAME 5702 SCOTT LAKE HILLS LN STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE ħ 2.1 TITLE ST Change Addition HERLONG, JERRY L NAME 2.2 NAME STREET ADDRESS **856 STRATFORD DR** 2.3 STREET ADDRESS CITY-ST-7IP LAKELAND FL 33813 2.4 CITY-ST-ZIP TITI F DELETE 3.1 TITLE Change Addition NAME ARVANT, WILLIAM 3.2 NAME **856 STRATFORD DR** STREET ADDRESS 3.3 STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 corporatory or the progressive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or progressive mentions and design in the progressive execution of the corporatory of the progressive execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or progressive execute the corporatory of the corporatory of the corporatory of the corporato

Paus. hanles E. Morais SIGNATURE:

**FILED** 

May 05 1998 8:00am

Secretary of State