

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 # P95000071753 (4)

1. Corporation Name

H & R INVESTMENT GROUP, INC.

THRU  
LAST DAY  
APR 96  
2000



Principal Place of Business

222 SHANNON AVENUE  
WEST MELBOURNE FL 32904

Mailing Address

222 SHANNON AVENUE  
WEST MELBOURNE FL 32904

3. Date Incorporated or Qualified

09/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59 3355072

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, AARON  
222 SHANNON AVENUE  
WEST MELBOURNE FL 32904

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DAVIS, AARON  
STREET ADDRESS  
222 SHANNON AVENUE  
CITY-ST-ZIP  
WEST MELBOURNE FL 32904

TITLE ☐ DELETE

NAME  
DAVIS, ANDRE  
STREET ADDRESS  
928 W. MISTLETOE STREET  
CITY-ST-ZIP  
SAN ANTONIO TX 78201

TITLE ☐ DELETE

NAME  
FIORELLI, GAIL  
STREET ADDRESS  
928 W. MISTLETOE STREET  
CITY-ST-ZIP  
SAN ANTONIO TX 78201

TITLE ☒ DELETE

NAME  
DAVIS, SEAN  
STREET ADDRESS  
1348 DANBURY STREET SW  
CITY-ST-ZIP  
PALM BAY FL 32909

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 certify that the information indicated on this annual report or supplemental annual report oath; that I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath to execute this report as required by Chapter 607, Florida Statutes; and that my name

2-16-96 407-722-1588  
Date Daytime Phone #

CR2E034 (12/95)