

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 # P95000075581 (5)

1. Corporation Name

HICKMAN & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~5221 CORVETTE DRIVE~~ 10943 BRIGHTSIDE DE
TAMPA FL 33624

~~5221 CORVETTE DRIVE~~
TAMPA FL 33624

2. Principal Place of Business

2a. Mailing Address

21 10943 BRIGHTSIDE DE

26 10943 BRIGHTSIDE DE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA FL

28 TAMPA FL

24 33624

25 HILLSBOROUGH

29 33624

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

4. FEI Number

59-3335509

Applied For
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

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10943 BRIGHTSIDE DE

83

84 City

TAMPA

FL

85 Zip Code
33624

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 *Larry R. Hickman*

LARRY R. HICKMAN

4/3/96

(Note: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HICKMAN, LARRY R
STREET ADDRESS 5221 CORVETTE DRIVE
CITY-ST-ZIP TAMPA FL 33624

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10943 BRIGHTSIDE DE
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HICKMAN, SUSAN K
STREET ADDRESS 5221 CORVETTE DRIVE
CITY-ST-ZIP TAMPA FL 33624

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10943 BRIGHTSIDE DE
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
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 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 supplementary 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.

Larry R. Hickman SUSAN K. HICKMAN

4/3/96 (813) 961-5336

CR2E034 (12/95)

4-11-96