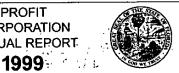
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000112

H & R CORPORATION

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90027 015 ***150.00



Principal Place	of Business	Mailing Address				11 88 111 8616 1 21684	11818 (16) (86)
5645 NOVA ROAD ST. CLOUD FL 34771-8654		1010 PENNSYLVANIA AVE. St. Cloud FL 34769 US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/02/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		
5615 Nova Road		26 5615 Nova Road		59-3422743	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional	
22		27		5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State		- 6: Election Campaign Financing	\$5.00	May Be	
23 St. Cloud.FL		28 St. Cloud, FL		Trust Fund Contribution	Added t	o Fees	
Zip Country		Zip Cloud, FL.		8. This corporation owes the current year Intangible			
3477	1 25 Osceola	29 34771 30	TO COCCE		Personal Property Tax.	☐Yes	□No
Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
			81	81 Name			
	EDGE, GARY R	82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)		
	SOUTH MONROE STREET				400		
SUITE 420			83				1
TALLAHASSEE FL 32301-1841			84	City		. 85 Zip (Code
				,	F		
office or re agent. I as	egistered agent, or both, in the State of maintain with, and accept the obligat	of Florida. Such change was auth ions of, Section 607.0505, Florida	orized by a Statutes	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	ointment as re	gistered
12.	Signature, typed or printed name of registered agen - OFFICERS AN		13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D OFFICERS AN	DELETE	1.1 TITLE			Change	Addition
NAME.			1.2 NAME				
STREET ADDRESS 215 S. MONROE STREET, SUITI		E 420		T ADDRESS			l
TALL ALIANOEE EL 00004 4044		L 420	1.4 CITY-S				i
CITY-ST-ZIP	DELETE		2.1 TITLE	1-21		☐ Change	Addition
	i		2.2 NAME				}
NAME				T ADDRESS			
STREET ADDRESS			2.4 CITY-5				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	31.21	1,11	☐ Change	Addition
NAME	-	- ·	3.2 NAME	į			_
- STREET ADDRESS		والمعيولة ليعي المستشهد الدوالداليان		TADORESS	The state of the s	٠	
CITY+ST-ZIP			3.4. CITY-5	ST-ZIP			. (
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	·		4.4 CITY- S				ļ
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				Ì
STREET ADDRESS			6.3 STREE	T ADDRESS			

14. I hereby 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 corporation or the receiver or trystee 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 attackingst with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: