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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044928 (5)

THE HOCKENSMITH GROUP, INC.

Principal P	ace of	Business
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Mailing Address

157 OAK SQUARE SOUTH LAKELAND FL 33813 157 OAK SOUARE SOUTH LAKELAND FL 33813-3588

FILED Apr 24 1997 8:00am Secretary of State



					3. Date Incorporated or Qualifit 05/18/1996		ate of Last R	
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number			pplied For
21		26			59-3373725	5	No	ot Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	θ	City & State			Election Campaign Financing Trust Fund Contribution	_ 🗅 _		May Be to Fees
Zip 24	Country 25	Zip 29	30	ntry	8. This corporation has liability Florida Statutes	Yes [X No	199.032
	9, Name and Address of Current	Registered Agent		271	10. Name and Address of New	Registered	Agent	
	KENSMITH, JUDITH A		i	81 Name				
157 OAK SQUARE SOUTH LAKELAND FL 33813			82 Street Address (P.O. Box Number is Not Acceptable)					
			83					
				04 0:5				0.4.
				84 City		FL	85 Z⊕	Code
agent. I a	to the provisions of Sections 607.0502 egistered agent of both, inche State in m familiar with, indiacouplishe obliga	tions of, Section 607.0505, Fig	orida Stat	ules.	corporation submits this statement for the organization's board of directors. I hereby ac	ie purpose of scept the app	changing it	ts registered registered
SIGNATURE		t and title it applicable (NOT)		Agent signature n	oquired when reinstating)	DATE	7.18.	
12.	OFFICERS AND	DELETE	13.	7	ADDITIONS/CHANGES 10 O	FICERS AND	Change	Addition
TITLE	HOCKENSMITH, JUDITH A	ן טנננונ	1.110				change	
NAME			12 N/	i				
STREET ADDRESS	157 OAK SQUARE SOUTH			REET ADDRESS				
CITY-ST-ZIP TITLE	LAKELAND FL 33813	DELETE	1.4 CI 2.1 T(IY-ST-ZIP			Change	Addition
	HOCKENSMITH, WILLIAM R			}			change	L. Accilion
NAME	157 OAK SQUARE SOUTH		2.2 N/	·				
STREET ADDRESS	LAKELAND FL 33813			HEET ADDRESS				
CITY-ST-ZIP TITLE	CARCLAID FL 33013	DELFTE	3.1 Ti	1Y-\$1-7IP			Change	Addition
NAME		Decire	3.2 NA				onlings	
STREET ADDRESS				RECT ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		☐ DELETE	4.1 11				Change	Addition
NAME			4. 2 N	ì				
STREET ADDRESS				REE1 ADDRESS				
CITY-ST-ZIP			- 1	TY-ST-ZIP				
TITLE		☐ DELETE	51 II				Change	Addition
NAME		_	5 2 N/				'	
STREET ADDRESS			1	REE1 ADDRESS				
CITY-ST-ZIP				IY-ST-ZIP				
TITLE		DELETE	6.1 TI				Change	Addition
NAME			6.2 N/					
STREET ADDRESS			1	REET ADDRESS				
CITY-ST-ZIP			1	IY-\$1-ZIP				
14. do herel	ov certify that the information supplied	with this filing does not qualif	y for the	exemption sta	ated in Section 119.07(3)(i) Florida Sta	tutes. I further	r certify that	the
informatio I am an o appears i	in indicated on this annual report or conflicer or director of the corporation in n Block 12 or Block 13 if changed o	applomental annual report is tr the ticeiver or trustee empow or to attachment with an add	rue and a rered to ε dress.	ecurate and t execute this re	ated in Section 119.07(3)(i), Florida Sta that my signature shall have the same eport as required by Chapter 607, Florid	egal effect as da Statutos; a	if made un nd that my i	der oath; that name

4/10/02