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

PROFIT CORPORATION ANNUAL REPORT



FLOHIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23 1998 8:00am Secretary of State

	1990 🥌	TO CANTON CA		Scoretary	or state
 Corporation 		00091326 (3)			
HUUSE,	ORMSBEE ASSOCIATES	o, INC.			
Principal Place of Business Mailing Address				d latithes sin laite labit neitt datte enus entil ti	ilet niman tstiff tillin bite iem.
2006 WEST SPOONER DRIVE PLANT CITY FL 33566		2006 WEST SPOONER DR PLANT CITY FL 33566	IVE	DO NOT WRITE IN THIS	S SPACE
				 Date Incorporated or Qualified 10/23/1997 	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	- 1/M/CO	59-3474911	Not Applicable
Suite, Apt i	#, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		* Electica Compaign Financing	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z φ	Country	Zip	Country	8. This corporation owes or has paid the c	
24	[25]	29	30	Personal Property Tax due Jurie 30.	Yes No
	9, Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Registerer	d Agent
AMERILAWYER 81 Name				KAY A. CRUSBOE	
343 ALMERIA AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)	\
CORAL GABLES FL 33134			83 -20	OG WEST SPOONER 1	الحــــــــــــــــــــــــــــــــــــ
			63		
			84 City	PANT OF	L 85 Zip Code 6
11 Pursuant I	a the provisions of Sections 607	0502 and 607-1508. Florida Statute	s the above-named	corporation submits this statement for the purpose	of changing its registered
office or re	egistered agent, or both, in the S	tale of Honda. Such change was a	ultiorized by the con-	viration's board of directors. I hereby accept the ap	pointment as registered
	D. A. C.	inigations of section box 6565, 119	2/1//	all della	198
SIGNATURE	To plan the Typig or printed transecuting plan	Lagent and ten dispyloable (NOTE	Flor fered Agent signature	required when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	PSTD	DETE TE	1 1 TIH F	V COULD TO	Change Addition
NAME	ORMSBEE, RAY	NA /F	1 2 NAME	JUDITH E. ORMSBOE 2006 WEST SPUONER DR	
STREET ADDRESS	2006 WEST SPOONER DR PLANT CITY FL 33566	HVE	13 STREET ADDRESS	PLANT CIE FL 3356	•
CITY ST ZIP	PLANT CHT PL 33300	DELETE	1.4 CHY- ST-7IP 2.1 TITLE	TEMPICIA, PC 33 JOHO	Change Addition
NAME			22 NAME		<u></u>
STREET ADDRESS			23 STHEFT ADDRESS		
CITY ST ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CHY-ST-ZIP			3.4 CITY - ST- ZIP		D Observe D Addition
TITLE		☐ DETELE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST ZIP TITLE		DELETE	4.4 C(TY+ST+7/P) 5.1 Title		Change Addition
NAME		_	5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7IP		
THLE		DELETE	6.1 TITLE		☐ Change ☐ Addrtion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST ZIP			6 4 CITY-ST-71P	140.07(0)	and the state state of the state of
14. Ehereby c	sertify that the information supplic	rd with this bling does not qualify fo	ir trie exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further	cerury that the information

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 of inside empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 6, or on an attachment with an address.

SIGNATURE: Lan Alleman

Ra. A. Christer Par

Pers. 4/15/98