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Secretary of State

03-05-1999 90115 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000027418		
1. Corporation Name HOFMAR HOLDING, INC.		

Principal Place of Business
 1584 COOLING STREET
 MELBOURNE FL 32935

Mailing Address
 1584 COOLING STREET
 MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified :

03/23/1998

2. Principal Place of Business
 21 1617 Cooling Ave
 Suite, Apt. #, etc.
 22
 City & State
 Melbourne FL
 Zip
 32935
 Country
 Brevard

2a. Mailing Address
 26 1617 Cooling Ave
 Suite, Apt. #, etc.
 27
 City & State
 Melbourne FL
 Zip
 32935
 Country
 Brevard

4. FEI Number
 59-3504706
 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
 930 S. HARBOR CITY BLVD., SUITE 505
 MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name Michael Hoffman
82 Street Address (P.O. Box Number Is Not Acceptable)
 1617 Cooling Ave
83
84 City Melbourne **FL** **85 Zip Code** 32935

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 renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HOFFMAN, MICHAEL J	
STREET ADDRESS	1584 COOLING STREET	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	☐ DELETE
NAME	MARRS, KEVIN	
STREET ADDRESS	1584 COOLING STREET	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)