

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S25424 (0)

1. Corporation Name:
HHCS, INC.

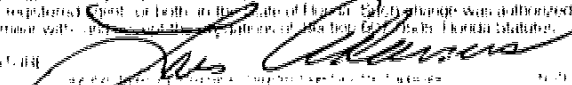
Principal Place of Business 639 E. COLONIAL DRIVE ORLANDO FL 32803	Mailing Address: 639 E. COLONIAL DRIVE ORLANDO FL 32803
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1991		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-3135166		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 elected to interplead tax under 5 USC 552 Federal Statute ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent ADAMS, N. LOIS 633 E COLONIAL DRIVE ORLANDO, FL 32803		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or registered agent) of 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 consent to the provisions of the new Florida Statutes.

SIGNATURE:  (Typed Name: N. Lois Adams)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
NAME	ADDRESS	NAME	ADDRESS
PSD ADAMS, N. LOIS 633 E COLONIAL DR ORLANDO FL			
VD NEWHARD, MARY ETTA 688 E COLONIAL DR ORLANDO FL		NO LONGER AN OFFICER NEWHARD, MARY ETTA	☒ Change ☐ Addition
VD SCHULER, THOMAS L. 633 E COLONIAL DR ORLANDO FL			☐ Change ☐ Addition
VD MURRAY, LOUIS C. 633 E COLONIAL DR ORLANDO FL			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not qualify for this exemption, stated in Sections 607.0602 and 607.1508, Florida Statutes, I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and result under state law. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 129, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, changed or not in attachment with an address.

SIGNATURE:  (Typed Name: N. Lois Adams)