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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # S35366

(1)

1. Corporation Name

HOORAH ENTERPRISES, INC.

Principal Place of Business

**24123 PEACHLAND BLVD.
SUITE A-15
PORT CHARLOTTE FL 33954
US**

Mailing Address

**425 ONEIDA AVE
PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/04/1991

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0245165

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 liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24

2a. Mailing Address

26 **22215 ONEIDA AVE**

27. Suite, Apt. #, etc.

28. City & State

29. Zip

Country

30

9. Name and Address of Current Registered Agent

**SANDERSON, MARY ANN
425 ONEIDA AVE
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

22215 ONEIDA AVE

83

84. City

FL

85. Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SANDERSON, MARY ANN**
STREET ADDRESS **425 ONEIDA AVE**
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE **D**
NAME **SANDERSON, ROBERT B.**
STREET ADDRESS **425 ONEIDA AVE**
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE **D**
NAME **SANDERSON, PAMELA H.**
STREET ADDRESS **425 ONEIDA AVE**
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 **22215 Oneida Ave**
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **22215 Oneida Ave**
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **22215 Oneida Ave**
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pamela H. Sanderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pamela H. Sanderson

4-18-95 (813) 764-1991
Date (Typed Name)