

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name
HONEY BEAR, INC.



Principal Place of Business	Mailing Address
15801 COLLECTING CORAL RD. LOXAHATCHEE FL 33470	P O BOX 190 LOXAHATCHEE FL 33470 US

3. Date Incorporated or Qualified 06/19/1991	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	
24	25	29	30

4. FEI Number 65-0275693	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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARVIN BILTIS
5975 NW 97TH DRIVE
PARKLAND FL 33076

Name Marvin Biltis
Street Address (P.O. Box Number Not Acceptable)
11817 Woodson Ct

City	FL	85	Zip Code
Roma Reten			33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, as the duly authorized officer or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors of the corporation, and I, the undersigned, 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: Register your vehicle with the Department of Transportation. A signature is required when reinstating.)

14

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BILTIS, MARVIN P.O. BOX 190 N/A LOXAHATCHEE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BILTIS, GARY P.O. BOX 190 N/A LOXAHATCHEE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SNYTTE, LINDA P O BOX 190 LOXAHATCHEE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda Smythe 04/20/96 (407) 793-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)