

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

FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S77880** (0)
1. Corporation Name
DAVE HOHMAN ASSOCIATES, INC.



Principal Place of Business Mailing Address
294 AVE A NW **294 AVE A NW**
SUITE 203-A **SUITE 203-A**
WINTER HAVEN FL 33881 **WINTER HAVEN FL 33881**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **3877 Recker Highway** 26 **1102 Spirit Lake Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 3** 27 **Suite 230**
City & State City & State
23 **Winter Haven** 28 **Winter Haven**
Zip Country Zip Country
24 **33880** 25 **US** 29 **33880** 30 **US**

3. Date Incorporated or Qualified
09/03/1991
4. FEI Number **65-0280183** 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HOHMAN, W. DAVID 81 Name **Hohman, W. David**
~~**11310 NW 31 PL**~~ 82 Street Address (P.O. Box Number is Not Acceptable)
~~**SUNRISE FL 33323**~~ **4232 Thomas Wood Ln**
83
84 City **Winter Haven** FL 85 Zip Code **33880**

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 **W. David Hohman** (NOTE: Registered Agent signature required when reinstating) DATE **6/24/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOHMAN, W. DAVID	1.2 NAME	
STREET ADDRESS	11310 NW 31 PL 4232 Thomas Wood Ln	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL Winter Haven, FL 33880	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOHMAN, GAIL L.	2.2 NAME	
STREET ADDRESS	11310 NW 31 PL 4232 Thomas Wood Ln	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL Winter Haven, FL 33880	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE **W. David Hohman** **W. David Hohman** **President** **6/24/98** **(941) 299-9163**

CR2E034 (10/97)