

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S97199** (1)

1. Corporation Name

**HONOVER FINANCIAL RESOURCES, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 3303  
APOPKA FL 32703

P.O. BOX 3303  
APOPKA FL 32703

3. Date Incorporated or Qualified

11/26/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3100445

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAMBERS, EGBERT R.  
3179 FOXWOOD DR.  
APOPKA FL 32703**

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 607.0502 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 reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P SADDLER, HOWARD A**  
STREET ADDRESS **3321 WALTON RD**  
CITY-STATE-ZIP **APOPKA FL**

TITLE ☒ DELETE  
NAME **VP GORDON, SYBIL**  
STREET ADDRESS **28 SEAFLOWER PATH**  
CITY-STATE-ZIP **PALM COAST FL**

TITLE ☐ DELETE  
NAME **T SADDLER, RUTH**  
STREET ADDRESS **3321 WALTON RD**  
CITY-STATE-ZIP **APOPKA FL**

TITLE ☐ DELETE  
NAME **S CHAMBERS, EGBERT R**  
STREET ADDRESS **3179 FOXWOOD DR**  
CITY-STATE-ZIP **APOPKA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE **VP**  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

**ENA M. CHAMBERS  
3179 FOXWOOD DR  
APOPKA, FL. 32703**

**CEO/S**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CEO/SEC.**

**6/25/96**

Date Date of Filing #

CR2E034 (3/96)