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

CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED
95 MAY -1 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V13777 (0)

1. Corporation Name
MHEM, INC.

Principal Place of Business
1545 E. MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952

Mailing Address
P.O. BOX 541255
MERRITT ISLAND, FL
32954-1255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1992
3a. Date of Last Report: 03/18/94

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: 59-3109768 ☐ 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 changes tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARUSO TEAGUE, JOE ESQ
800 E. MERRITT ISLAND CAUSEWAY SUITE 200
MERRITT ISLAND, FL 32952

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 section(s) 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 will comply with, Section 607.0505, Florida Statutes.

SIGNATURE _____ Joe Teague Caruso ESQ 04/03/95
(Signature for change of registered agent and title if applicable) (If #11, Registered Agent signature required when new agent) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | President | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Erdman Michael H | 12 NAME | |
| STREET ADDRESS | 445 E. Merritt Island Cswy | 13 STREET ADDRESS | |
| CITY ST ZIP | Merritt Island, Fl 32952 | 14 CITY ST ZIP | |
| TITLE | V/T | 21 TITLE | ☐ Change ☐ Addition |
| NAME | Fronrath, Gary | 22 NAME | 300001482189 |
| STREET ADDRESS | 445 E Merritt Island Cswy | 23 STREET ADDRESS | -05/10/95--01023--007 |
| CITY ST ZIP | Merritt Island, Fl 32952 | 24 CITY ST ZIP | ****200.00 ****200.00 |
| TITLE | S | 31 TITLE | ☐ Change ☐ Addition |
| NAME | Williams Barbara | 32 NAME | |
| STREET ADDRESS | 445 E. Merritt Isalnd Cswy | 33 STREET ADDRESS | |
| CITY ST ZIP | Merritt Island, Fl 32952 | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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)(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:** _____ Michael H Erdman 4/03/95 (407) 453-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)