

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # **V32694** (4)

1. Corporation Name

HOVEROUND CORPORATION

Principal Place of Business

**8135 25TH COURT EAST
BA
SARASOTA FL 34243
US**

Mailing Address

**8135 25TH COURT EAST
BI
SARASOTA FL 34243
US**

2. Principal Place of Business

21 8135 25th Court East

Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL

Zip

24 34243

Country

25 US

2a. Mailing Address

26 8135 25th Court East

Suite, Apt. #, etc.

27

City & State

28 Sarasota, FL

Zip

29 34243

Country

30 US

3. Date Incorporated or Qualified

04/27/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3123992

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**KRUSE, GEORGE W.
8135 25TH COURT EAST
SARASOTA FL 34243**

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 607.1506, 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, if not applicable. (NOTE: Registered Agent signature is required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TVDS** ☐ DELETE
NAME **KRUSE, GEORGE W.**
STREET ADDRESS **8458-3 GARDENS CIR**
CITY-STATE-ZIP **SARASOTA FL**

TITLE **PD** ☐ DELETE
NAME **KRUSE, THOMAS E**
STREET ADDRESS **3850 ABERDEEN DR**
CITY-STATE-ZIP **SARASOTA FL**

TITLE **VD** ☐ DELETE
NAME **KRUSE, ROBERT**
STREET ADDRESS **4666 DEER CREEK BLVD**
CITY-STATE-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Kruse (941) 359-3075

April 5 1996

Date: Signature: Print Name:

CR2E034 (12/95)