

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V40682

(9)

1. Corporation Name:  
HBC, INC.

Principal Place of Business  
1014 BAY COLONY DR. SOUTH  
JUNO BEACH FL 33408-2103

Mailing Address  
1014 BAY COLONY DR. SOUTH  
JUNO BEACH FL 33408-2103



3. Date Incorporated or Qualified 05/29/1992  
3a. Date of Last Report 05/01/1996

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

4. FEI Number 65-0348144  
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

VRBANEC, STEPHAN R  
1015 BAY COLONY DR., SO.  
JUNO BEACH FL 33408

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 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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PTB                      | <input type="checkbox"/> DELETE |
| NAME           | BLUEMKE, DUANE           |                                 |
| STREET ADDRESS | 14245 PROVIDENCE LANE    |                                 |
| CITY-ST-ZIP    | BROOKFIELD WI 53005      |                                 |
| TITLE          | VRB                      | <input type="checkbox"/> DELETE |
| NAME           | VRBANEC, STEPHAN R       |                                 |
| STREET ADDRESS | 1015 BAY COLONY DR., SO. |                                 |
| CITY-ST-ZIP    | JUNO BEACH FL 33408      |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |      |   |
|--------------------|------|---|
| 1.1 TITLE          | PD   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |      |   |
| 1.3 STREET ADDRESS |      |   |
| 1.4 CITY-ST-ZIP    |      |   |
| 2.1 TITLE          | VSTD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |      |   |
| 2.3 STREET ADDRESS |      |   |
| 2.4 CITY-ST-ZIP    |      |   |
| 3.1 TITLE          |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |      |   |
| 3.3 STREET ADDRESS |      |   |
| 3.4 CITY-ST-ZIP    |      |   |
| 4.1 TITLE          |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |      |   |
| 4.3 STREET ADDRESS |      |   |
| 4.4 CITY-ST-ZIP    |      |   |
| 5.1 TITLE          |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |      |   |
| 5.3 STREET ADDRESS |      |   |
| 5.4 CITY-ST-ZIP    |      |   |
| 6.1 TITLE          |      | <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 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:

*Stephan R. Vrbanc*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

(561) 424-0055  
Date Daytime Phone #

CR2E034 (9/96)