1-17-95 P-00002-NC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:30

DOCUMENT # V52345 (8)

1. Corporation Name
MIKE HONER, INC.

Principal Place of Business	Mailing Address
390 WINTER LANE LAKE PARK FL 33410	390 WINTER LANE LAKE PARK FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1992
3a. Date of Last Report: 04/06/1994

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

4. FEI Number: 65-0351626 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HONER, MIKE
390 WINTER LANE
LAKE PARK FL 33410

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 [illegible] 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 I accept the obligations of, Section [illegible] Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICER AND DIRECTOR

TITLE	D
NAME	HONER, MIKE
STREET ADDRESS	390 WINTER LANE
CITY ST ZIP	LAKE PARK FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
1 NAME
1 STREET ADDRESS
1 CITY ST ZIP

2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY ST ZIP

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY ST ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY ST ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY ST ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY ST ZIP

14. To the best of my knowledge, the information supplied with this 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 with an address, with an asterisk.

SIGNATURE: [signature] 01-9-95 (407) 627-4582
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME PHONE NUMBER

0240056 CP