

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V61527**

**(0)**

1. Corporation Name

**HURRICANE MANUFACTURING, INC.**

Principal Place of Business

**6333 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32810**

Mailing Address

**6333 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32810**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**09/03/1992**

3a. Date of Last Report

**02/15/1994**

2. Principal Place of Business

**21 3033 Mercy Dr.**

Suite, Apt. #, etc.

**22**

City & State

**23 Orlando, FL**

Zip

**24 32808**

Country

**25 Orange**

2a. Mailing Address

**26 3033 Mercy Dr.**

Suite, Apt. #, etc.

**27**

City & State

**28 Orlando, FL**

Zip

**29 32808**

Country

**30 Orange**

4. FEI Number

**-NOT-APPLICABLE 59-3172901**

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

**EDGAR, CANDICE B  
6333 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**3033 Mercy Dr.**

83

84 City

**Orlando**

**FL**

85 Zip Code

**32808**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DP  
DOEBLER, DONALD W  
6333 N ORANGE BLOSSOM TR  
ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

**3033 Mercy Dr.  
Orlando, FL 32808**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VST  
EDGAR, CANDICE B.  
6333 N. ORANGE BLOSSOM TRAIL #201  
ORLANDO FL**

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

**3033 Mercy Dr.  
Orlando, FL 32808**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3 1 TITLE  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6 1 TITLE  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY - ST - ZIP

☐ Change ☐ Addition

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 118.07(3)(b), 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:

**Candice B Edgar Vice President**

**4-25-95 (407)247-0141**