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 APR 25 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65820** **(5)**

1. Corporation Name
H.F. LENZ COMPANY

Principal Place of Business	Mailing Address
601 21ST STREET SUITE 301 VERO BEACH FL 32960	601 21ST STREET SUITE 301 VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/23/1992**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **25-1007465** ☐ 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 C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLLINS, GEORGE G. JR.
756 BEACHLAND BLVD
VERO BCH FL 32963

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	KOHLER, JAMES	1.2 NAME	NEUHOFF, CHARLES J.	
STREET ADDRESS	R.D. 1	1.3 STREET ADDRESS	RD 5 217 DELTA LN	
CITY-ST-ZIP	SCHELLSBURG PA	1.4 CITY-ST-ZIP	JOHNSTOWN, PA	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	NEUHOFF, CHARLES J.	2.2 NAME	BODEROCCO, JOHN	
STREET ADDRESS	RD 5 217 DELTA LN	2.3 STREET ADDRESS	231 FUNARI AVE	
CITY-ST-ZIP	JOHNSTOWN PA	2.4 CITY-ST-ZIP	JOHNSTOWN, PA	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	BODEROCCO, JOHN	3.2 NAME	WALLACE, GARY	
STREET ADDRESS	231 FUNARI AVE	3.3 STREET ADDRESS	692 CARNIVAL TERRACE	
CITY-ST-ZIP	JOHNSTOWN PA	3.4 CITY-ST-ZIP	SEBASTIAN, FL	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	MAYFIELD, STANLEY	4.2 NAME	KOHLER, JAMES	
STREET ADDRESS	705 BAHIA MAR RD.	4.3 STREET ADDRESS	R.D. 1	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	SCHELLSBURG, PA	
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	WALLACE, GARY	5.2 NAME	BODEROCCO, JOHN	
STREET ADDRESS	692 CARNIVAL TERRACE	5.3 STREET ADDRESS	231 FUNARI AVE	
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	JOHNSTOWN, PA	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ 04/20/95 (407) 562-1222
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Gary W. Wallace

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