

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90188 035 ***150.00

DOCUMENT # 483539

1. Corporation Name
G. W. Hunter, Inc.

Principal Place of Business: **1798 WEST U.S. 90 P. O. BOX 958 LAKE CITY, FL 32056-0958 US**
Mailing Address: **1798 WEST U.S. 90 P. O. BOX 958 LAKE CITY, FL 32056-0958 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/27/1975**
4. FEI Number: **59-1615975** 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **HUNTER, G.W. 1798 WEST U.S. 90 LAKE CITY, FL**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUNTER, GEORGE W.		1.2 NAME	
STREET ADDRESS: 1798 WEST US HWY. 90		1.3 STREET ADDRESS	
CITY-ST-ZIP: LAKE CITY, FL		1.4 CITY-ST-ZIP	
TITLE: P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUNTER, TERRY L.		2.2 NAME	
STREET ADDRESS: 1798 WEST US HWY. 90		2.3 STREET ADDRESS	
CITY-ST-ZIP: LAKE CITY, FL		2.4 CITY-ST-ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUNTER, GEORGE D.		3.2 NAME	
STREET ADDRESS: 1798 WEST US HWY. 90		3.3 STREET ADDRESS	
CITY-ST-ZIP: LAKE CITY, FL		3.4 CITY-ST-ZIP	
TITLE: ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUNTER, JOHN B.		4.2 NAME	
STREET ADDRESS: 1798 WEST US HWY 90		4.3 STREET ADDRESS	
CITY-ST-ZIP: LAKE CITY, FL		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **John B. Hunter** 4-16-99 (904) 752-0777
DATE: _____ DAYTIME PHONE #: _____

CR2E034 (11/98)