1999

1. Corporation Name H.B. HIRT, INC.

Principal Place of Business

2. Principal Place of Business

25

Suite, Apt. #, etc.

City & State

500 MORGAN AVENUE CHATTAHOOCHEE FL 32324

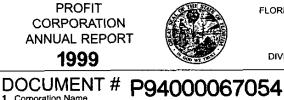
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Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 06, 1999 8:00 am Secretary of State

05-06-1999 90028 014 ***158.75

	r an irani ((1)

Mailing Address 500 MORGAN AVENUE CHATTAHOOCHEE FL 32324 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/13/1994 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-3319326 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 6. Election Campaign Financing City & State \$5.00-May Be Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name

PARSONS, STEWART E ESQ. 119 W. WASHINGTON STREET	82	Street Address (P.O. Box Number is Not Acceptable)
CHATTAHOOCHEE FL	83	<u> </u>
	84	City FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a	bove	e-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: Red	istered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P DE	LETE	1.1 TITLE		Change	☐ Addition	
NAME	HIRT, H.B.		1.2 NAME				
STREET ADDRESS	500 MORGAN AVENUE	•	1.3 STREET ADDRESS				
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324		1.4 CITY-ST-ZIP				
TITLE	V □ DEI	LETE	2.1 TITLE		Change	☐ Addition	
NAME	THARPE, SPARTAN LADD		2.2 NAME				
STREET ADDRESS	923 MIDWAY RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	COTTONDALE FL	1	2 4 CITY-ST-ZIP	Cottondale, FL 32431			
TITLE	DEI	LETE	3.1 TITLE	•	☐ Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	☐ DE	LETE	4.1 TITLE		Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS			}	
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		LETE	51 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
πη	☐ DE	LETE	6.1 TITLE		☐ Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			63 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 yith an address, with all other like empowered.

SIGNATURE: