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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P96000021926 (6)
1. Corporation Name

THE J.L. HULSEBUS CO.

Principal Place of Business

14859 SOVEREIGN DR.
LARGO FL 34644

Mailing Address

14859 SOVEREIGN DR.
LARGO FL 33774-4909

3. Date Incorporated or Qualified **03/07/1996**	3a. Date of Last Report *None*

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 *SAME*	26 *SAME*	*59-3371450*	Not Applicable

22 Suite, Apt #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HULSEBUS, JAMES L
14859 SOVEREIGN DR.
LARGO FL 34644

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: *James L. Hulsebus, Pres.*   3/29/97
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **P**		☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	**HULSEBUS, JAMES L**		1.2 NAME			
STREET ADDRESS	**14859 SOVEREIGN DR.**		1.3 STREET ADDRESS			
CITY-ST-ZIP	**LARGO FL 34644**		1.4 CITY-ST-ZIP			
TITLE **V**		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	**HULSEBUS, NANCY A**		2.2 NAME			
STREET ADDRESS	**14859 SOVEREIGN DR.**		2.3 STREET ADDRESS			
CITY-ST-ZIP	**LARGO FL 34644**		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (9/96)

14. I do 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.

SIGNATURE: *James L. Hulsebus* : *James L. Hulsebus*   3/29/97   813-XXX-XXXX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #