

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90035 032 ***550.00

DOCUMENT # S42995

1. Entity Name
J.H. HULL, INC.

Principal Place of Business Mailing Address
1307 W. HIGHWAY 60 *606 Charlie Wiggins Rd* **1307 W. HIGHWAY 60** *606 Charlie Wiggins Rd*
PLANT CITY FL 33567 **PLANT CITY FL 33567**

2. Principal Place of Business 3. Mailing Address
606 Charlie Wiggins Rd *606 Charlie Wiggins Rd*
Plant City, FL 33567 **Plant City, FL 33567**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **65-0256168** Applied For
 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HULL, JAMES H
1307 W. HIGHWAY 60
PLANT CITY FL 33567

Name **James H. Hull**
 Street Address (P.O. Box Number is Not Acceptable)
606 Charlie Wiggins Rd.
 City **Plant City** **FL** Zip Code **33567**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *James H Hull* *James H Hull* **8/18/00**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00** After **SEPTEMBER 13, 2000** Min. will be **\$750.00** Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete HULL, J.H.	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hull, J.H.
NAME	1307 W. HIGHWAY 60	NAME	606 Charlie Wiggins Rd
STREET ADDRESS	PLANT CITY FL	STREET ADDRESS	Plant City Fla 33567
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete HULL, CAROLYN B.	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hull, Carolyn B.
NAME	1307 W. HIGHWAY 60	NAME	606 Charlie Wiggins Rd
STREET ADDRESS	PLANT CITY FL	STREET ADDRESS	Plant City, Fla 33567
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete SULLIVAN, E.H.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3475 GORDY ROAD	NAME	
STREET ADDRESS	FT. PIERCE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete SULLIVAN, JOANN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3475 GORDY ROAD	NAME	
STREET ADDRESS	FT. PIERCE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James H Hull* **8/18/00** **813 737-1832**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)