

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N05514

(7)

1. Corporation Name

HURRICANE HUNTERS, INC.



Principal Place of Business

Mailing Address

% FITZSIMMONS, ROBERT J. JR.  
2818 CEDAR CREST DRIVE  
ORANGE PARK FL 32073

% FITZSIMMONS, ROBERT J. JR.  
2818 CEDAR CREST DRIVE  
ORANGE PARK FL 32073

3. Date Incorporated or Qualified  
10/05/1984

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2477770

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 s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZSIMMONS, ROBERT J. JR.  
2818 CEDAR CREST DRIVE  
ORANGE PARK FL 32073

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DPT  
FITZSIMMONS, ROBERT J. JR.  
STREET ADDRESS  
2818 CEDAR CREST DR  
CITY - ST - ZIP  
ORANGE PARK FL

TITLE ☐ DELETE

NAME  
DS  
SIRCH, RICHARD W.F.  
STREET ADDRESS  
2805 CEDAR CREST DR  
CITY - ST - ZIP  
ORANGE PARK FL

TITLE ☐ DELETE

NAME  
D  
REYNOLDS, WILLIAM I.  
STREET ADDRESS  
7450 MIDWAY RD.  
CITY - ST - ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
D  
KEATING, ARTHUR L.  
STREET ADDRESS  
4341 VERONA AVE.  
CITY - ST - ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
D  
FRY, THEODORE  
STREET ADDRESS  
4695 PINE GATE RD  
CITY - ST - ZIP  
ORANGE PARK FL

TITLE ☐ DELETE

NAME  
D  
PARHAM, GERLAD  
STREET ADDRESS  
2577 HALPERNS WAY  
CITY - ST - ZIP  
MIDDLEBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE: ROBERT J. FITZSIMMONS, JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

(904) 264 6078  
District Phone #

CR2E037 (12/95)