

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32073-6512

3. Date Incorporated or Qualified 10/05/1984	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2477770	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		
25	30		

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZSIMMONS, ROBERT J. JR.	1.2 NAME	
STREET ADDRESS	2818 CEDAR CREST DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	32073-6512
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRCH, RICHARD W.F.	2.2 NAME	
STREET ADDRESS	2805 CEDAR CREST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	32073
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, WILLIAM I.	3.2 NAME	REYNOLDS, WILLIAM I.
STREET ADDRESS	7450 MIDWAY RD.	3.3 STREET ADDRESS	RRI BOX 550 A
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	CRESCENT CITY FL 32112-9627
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATING, ARTHUR L.	4.2 NAME	
STREET ADDRESS	4341 VERONA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	32210
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRY, THEODORE	5.2 NAME	
STREET ADDRESS	4895 PINE GATE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	32073
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARHAM, GERLAD	6.2 NAME	
STREET ADDRESS	2577 HALPERNS WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	6.4 CITY-ST-ZIP	32068

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)