FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **299266** **(7)**

1. Corporation Name
HITCHCOCK & SONS, INC.

Principal Place of Business	Mailing Address
105 N MAIN ST PO BOX 129 ALACHUA FL 32615 US	105 N MAIN ST PO BOX 129 ALACHUA FL 32615 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1965
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-1108770 ☐ 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

HITCHCOCK JR,ROBERT
105 NORTH MAIN ST
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name: ROBERT ALAN HITCHCOCK
82 Street Address (P.O. Box Number is Not Acceptable): 105 N. MAIN STREET
83
84 City: ALACHUA FL 85 Zip Code: 32615

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: Robert A. Hitchcock ROBERT ALAN HITCHCOCK-PRESIDENT 4-27-95
(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	PD	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	HITCHCOCK, ROBERT JR	12 NAME	ROBERT ALAN HITCHCOCK	
STREET ADDRESS	507 SW 1ST AVE	13 STREET ADDRESS	105 N. MAIN ST	
CITY-ST-ZIP	ALACHUA, FL 00000	14 CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	TD	21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	HITCHCOCK, ELIZABETH	22 NAME	ROBERT HARRISON	
STREET ADDRESS	507 SW 1ST AVE	23 STREET ADDRESS	RT. 3 BOX 525	
CITY-ST-ZIP	ALACHUA, FL 00000	24 CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	HITCHCOCK, ROBERT A	32 NAME		
STREET ADDRESS	2246 N.W. 20TH AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 changed, or on an attachment with an address.

SIGNATURE: Robert A. Hitchcock ROBERT ALAN HITCHCOCK 4-27-95 (904)462-2284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034864 CP