

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90089 007 ***150.00

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DOCUMENT # 345638

1. Corporation Name
LLOYD HUNDLEY, INC.

Principal Place of Business

281 CARISSA DRIVE
PO BOX 158
PAHOKEE FL 33476

Mailing Address

281 CARISSA DRIVE
PO BOX 158
PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1969

4. FEI Number

59-1260399

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 155 BACOM POINT RD

Suite, Apt. #, etc.

22 PO BOX 158

City & State

23 PAHOKEE, FLORIDA

Zip

24 33476

Country

25 U.S.A.

2a. Mailing Address

26 P.O. BOX 158

Suite, Apt. #, etc.

27

City & State

28 PAHOKEE, FLORIDA

Zip

29 33476

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

HUNDLEY JOHN
1216 E. GALLOP
LOXAHATCHEE FL 33476

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
HUNDLEY, WAYNE
STREET ADDRESS
316 FOREST AVENUE
CITY-ST-ZIP
ALTAMONTE SPGS, FL 0

TITLE ☐ DELETE

NAME
CONLEY, ADA BUSH
STREET ADDRESS
13600 SW CONNERS HWY
CITY-ST-ZIP
OKEECHOBEE FL

TITLE ☐ DELETE

NAME
HUNDLEY, JOHN
STREET ADDRESS
1216 E GALLOP
CITY-ST-ZIP
LOXAHATCHEE, FL 0

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4-23-99

561-924-5651

Date

Daytime Phone #

CR2E034 (11/98)