03-10-1999 90031 005 ***150.00

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

DOCUMENT # 395345

1. Corporation	Name COOC-TO				ļ	
HCF CORPORATION						
					A TRANSPORTATION OF THE PROPERTY OF THE PROPER	III BIBN BIBN BIBN BIBN BIBN BIBN BIBN
Principal Place of Business Mailing Address						'it Bibit êtêli bibit bibit bibit bibit tebi
1532 JUNE AVENUE 1532 JUNE AVENUE				•		
LOT 10-A					DO NOT WRITE II	N THIS SPACE
PANAMA CITY FL 32405 PANAMA CITY FL 32405 US US					3. Date Incorporated or Qualifed	N THIS SPACE
uo uo					02/07/1972	1
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-1388511	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22					5. Certifcate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
			Country		8. This corporation owes the current y	
24	25 29 30		0		Personal Property Tax.	Ø Yes □ No □
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regi	stered Agent
CALL	AM/AV HOLLEV M		81	Name	:	
CALLAWAY, HOLLEY M. 1532 JUNE AVENUE — LOT 10 - A			82	Street Add	ress (R.O. Box Number is Not Acceptable)	,
PANAMA CITY FL 32405			-			
PANAMA CITT FL 32403			83			
			84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				<u> </u>	Air and the state of the state	• — । ।
office or re	egistered agent, or both, in the State o	i Florida. Such change was autl	horized by	the corporati	on's board of directors. I hereby accept the	a appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Statutes			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE &	enistered Agen	nt signature require	ad when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	P DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME	CALLAWAY, HOLLEY M.		1.2 NAME			
STREET ADDRESS	747 HARRISON-AVENUE /533 TLAF AUE		1.3 STREET	T ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL La T-10-14 1.		1.4 CITY-S	T-ZIP	<u>.</u>	
TITLE			2.1 TITLE			☐ Change ☐ Addition
NAME	ROSSER,CHARLES A. 2		2.2 NAME		-	
STREET ADDRESS			2.3 STREET	T ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-5	ST-ZIP		
TITLE	D DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME	CALLAWAY, HOLLEY M.		3.2 NAME			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREET	TADORESS		
CITY-ST-ZIP	PANAMA CITT FL		3.4. CITY-S	T-ZIP		Chart DALING
TITLE	9		4.1 TITLE			☐ Change ☐ Addition
NAME	11000211,011/11/200711		4.2 NAME			
STREET ADORESS				T ADDRESS		
CITY-ST-ZIP			44 CITY-S	T-ZIP		☐ Change ☐ Addition
TITLE			5.1 TITLE 5.2 NAME			☐ Change ☐ Addition
NAME			5.3 STREET	LAUDDESS		
STREET ADDRESS	bbhc33					
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-2P		Change Addition
TITLE		☐ DELETE	6.2 NAME			
(Venc				T ADDRESS		
STREET ADDRESS			9.3 3 INCE	ו בפשתחתיי		1

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:

ATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 /

785-3685 Daytime Phone #