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 # 515329 1. Corporation Name

HUNT'S MOTORS, INC.

ı	Principal Place of Business
	% CECIL V. HUNT 1902 BLANDING BLVD. JACKSONVILLE FL 32210

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90090 020 ***150.00



Principal Place	of Business	Mailing Address								
% CECIL V. HUN 1902 BLANDING JACKSONVILLE I	BLVD.	% CECIL V. HUNT 1902 BLANDING BLVD. JACKSONVILLE FL 32210			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
• D: : 10t	of Duning	2- Mailing Address				09/29/1976 4. FEI Number Appli				1
<u> </u>	ace of Business	2a. Mailing Address				59-1714609	Applied For Not Applicable			l
21 Suite: Apt#	#:etc -	26 Suite, Apt. # etc.				\$8.75 Additional				
22		27				5. Certificate of Status Desired Fee Required				
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current ye			_	
24	25	29	30	····		Personal Property Tax.	⊠ Ye		⊒No	1
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regist	ered Agent			┨
	CEOU V			81 Name	•					
	F, CECIL V.			82 Stree	t Addres	ss (P.O. Box Number is Not Acceptable)				1
	BLANDING BLVD.									-
JAUN	SONVILLE FL	•		83						ì
				84 City			85	Zip Co	ode	1
							FL ["		naintored	-
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was a	authorized	by the con	d corpor poration	ation submits this statement for the purpo's board of directors. I hereby accept the	appointment	as regi	stered	Ì
SIGNATURE						·				١.
	Signature, typed or printed name of registered agen			Agent signature	e required v	when reinstating) DA			OC IN 12	1 8
12.		D DIRECTORS ☐ DELETE	13.	n c		ADDITIONS/CHANGES TO OFFICER		nange	Addition	3
TITLE S		Doctor	1.1 TITLE 1.2 NAME			•		- 5	· ·	
NAME HUNT, HAYES, H		•								8
STREET ADDRESS 1902 BLANDING BLVD			1.3 STREET ADDRESS		٥					5
CITY-ST-ZIP	JACKSONVILLE, FL 0		_	1.4 CITY-ST-ZIP			ПС	hange	Addition	1 ?
TITLE	'			22 NAME				·		
NAME	HUNT, CECIL V 1902 BLANDING BLVD		2.3 STREET ADDRESS							
STREET ADDRESS	JACKSONVILLE, FL 0		}~	ITY-ST-ZIP	يحبنه إ		میندست	مستبيتين		-
CITY-ST-ZIP	JACKSONVILLE, I L U	☐ DELETE	3.1 Ti		 		□c	hange	Addition	1
NAME		<u> </u>	3.2 N							
STREET ADDRESS				TREET ADDRES	s					
			1	ITY-ST-ZIP						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI				□c	hange	☐ Addition	1
NAME			4.2 N	AME						1
STREET ADDRESS			4.3 S	TREET ADDRES	s					
CITY-ST-ZIP				TY-ST-ZIP						}
TITLE		☐ DELETE	5.1 TI				□c	hange	Addition	1
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	TREET ADDRES	s					
CITY-ST-ZIP		,	5.4 C	ITY-ST-ZIP						
TITLE		☐ DELETE	6.1 T	TLE		,	□c	hange	☐ Addition	1
NAME			6.2 N	AME						
STREET ADDRESS	•		6.3 S	TREET ADDRES	s					
City-St-ZIP			6.4 C	TY-ST-ZIP						

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.