

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 518583 (0)

1. Corporation Name
C. J. HUNT, INC.



Principal Place of Business 8209 BARDMOOR PL., #101
SEMINOLE FL 34647

Mailing Address 8209 BARDMOOR PL., #101
SEMINOLE FL 34647

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified 11/16/1976 3a. Date of Last Report 05/01/1995

4. FEI Number 59-1705111 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

HUNT, CLIFFORD J
8209 BARDMOOR PLACE 101
SEMINOLE FL 34647

10. Name and Address of New Registered Agent

81 Name HUNT, DOROTHY
82 Street Address (P.O. Box Number is Not Acceptable) 8209 BARDMOOR PLACE # 101
83
84 City Seminole FL 85 Zip Code 34647

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 HUNT, DOROTHY
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when not stating)

DATE March 11, 1996

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUNT, DOROTHY	
STREET ADDRESS	8209 BARDMOOR PL	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, CLIFFORD J	
STREET ADDRESS	8209 BARDMOOR PL	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D. HUNT, DOROTHY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	8209 BARDMOOR PL #101	
1.3 STREET ADDRESS	Seminole, FL 34647	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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.

SIGNATURE: DOROTHY HUNT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE March 11, 1996 816
Daytime Phone # 392-2308

CR2E034 (12/95)