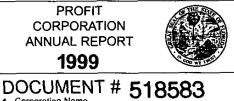
1999

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



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## Katherine Harris Secretary of State

## Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90031 027 \*\*\*150.00



	·									
Principal Place of Business		Mailing Address			Transfer dries, transfer array, to the state of the state					
8209 BARDMOOR PL #101 SEMINOLE FL 33777 US		8209 BARDMOOR PL #101 SEMINOLE FL 33777 US					DO NOT WRITE IN THIS SPACE			
							Date Incorporated or Qualifed 11/16/1976			
2. Principal Place of Busin	ness	2a	. Mailing Address			4.	FEI Number	L	Applied For	
21		26	•				<u>59-1705111</u>		Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		. <del>-</del>	5.	Certificate of Status Desired	•	.75 Additional ee Required	
City & State		28	City & State			6.	Election Campaign Financing Trust Fund Contribution	•	5.00 May Be dded to Fees	
Zip . I	Country 25	29	Zip Coo	untry		8.	This corporation owes the current year In Personal Property Tax.	angible		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
HUNT, DOROT	HY			81						
8209 BARDMOOR PLACE 101			82	Street Address (P.O. Box Number is Not Acceptable)						
SEMINOLE FL 33777		83								
				84	City		FL	85	Zip Code	
11. Pursuant to the provis	sions of Sections 607.0502	and (	607.1508, Florida Statutes, the a	bove	-named corpor	atio	submits this statement for the purpose of	chang	ing 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: R	egistered Agent signature requi	red when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME .	HUNT, DOROTHY	1.2 NAME					
STREET ADDRESS	8209 BARDMOOR PLACE 101	1.3 STREET ADDRESS	,				
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP					
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME		2.2 NAME	· '				
STREET ADDRESS		2.3 STREET ADDRESS					
Crty-ST-ZIP		2.4 CITY-ST-ZIP					
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME		3.2 NAME	The second secon				
STREET ADDRESS	,	3.3 STREET ADDRESS	,				
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	□ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS	· ·				
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME.	•	5.2 NAME	•				
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME	•	6.2 NAME	<u>,</u>				
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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 of 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: