COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 OCUMENT # Corporation Name

HOON & WHITE AHOHITEOT	o, 1140·		
rincipal Place of Business	Mailing Address		
O1 COLORADO AVE 8 TUART FL 34994	701 COLORADO AVE S8 STUART FL 34994		
. Principal Place of Business	2a. Mailing Address		

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90011 005 ***550.00

	e of Business	Mailing Address					
01 COLORAD		701 COLORADO AVE					
8	O AVE	S8					
TUART FL 34994 STUART FL 34994						DO NOT WRITE IN THIS SPACE	—
						3. Date incorporated or Qualified	[
Duin de et Di	leas of Ducinosa	2a. Mailing Address				06/01/1977 4. FEI Number Applied For	\dashv
Principal Place of Business 2a. Mailing Address						59-175 1989 Not Applicab	ole
Suite, Apt. #, etc. Suite, Apt. #, etc.		····	,, , , , , , , , , , , , , , , , , , ,		S8.75 Additional	\neg	
27					5. Certificate of Status Desired Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be	J
		28			Trust Fund Contribution		
Zip 1	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible Personal Property. Yes No	
	25 9. Name and Address of Current	29 Registered Agent	30	Γ		Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent	
	5. Name and Address of Content	regional ou Agent	-	81	Name		
HOON, LAVERNE E			82	Stroot Addre	ss (P.O. Box Number is Not Acceptable)		
	COLORADO AVE				Street Addre	355 (F.O. Box Hamber is Not Neceptation)	
S8	11 DT F1 04004			83			
SIL	IART FL 34994			84	City	85 Zip Code	
				Ш		FL 00 2p date	
office or	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligate.	of Florida. Such change was i	autnorize	a by '	the corporation	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
MONATURE	Signature, typed or printed name of registered agent			red Ag	ent signature requi	ired when reinstating) DATE	_
2.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\neg
TLE	SVD	DELETE		1.1 TITLE		L] Change L] Additi	.on
₩E	HOON, LAVERNE E 951 NW SUNSET TERRACE	j	1	1.2 NAME 1.3 STREET ADDRESS			
REET ADDRESS	STUART, FL 00000			1.4 CITY-ST-ZIP			
TY-ST-ZIP TLE	TP	DELETE	2,1 TI	_	2.11	Change Additi	ion
AME	HOON, LAVERNE E	(Dece 14	2.2 N	AME			
REET ADDRESS	951 NW SUNSET TERRACE		2.3 ST	REET	ADDRESS		
TY-ST-ZIP	STUART, FL 00000		2.4 CI	TY-ST-	-ZIP		
TLE	SVD	DELETE	3.1 TI	TLE		Change Additi	ion
AME	HOON, LAVERNE		3.2 N/	AME			
TREET ADDRESS	951 NW SUNSET TERRACE		3.3 \$1	REET	ADDRESS		
TY-ST-ZIP	STUART FL			TY-ST	-ZIP		
TLE	TP	DELETE	4.1 TI	TLE		Change Additi	ion
AME	HOON, LAVERNE E.		4.2 N		1		
TREET ADDRESS	951 NW SUNSET TERRACE				ADDRESS		
TY-ST-ZIP	STUART FL		_	TY-ST-	ZIP		
TLE		DELETE	5.1 TI			L Change L Additi	ion
AME				5.2 NAME 5.3 STREET ADDRESS			
TREET ADDRESS				TY-ST-	1		
ITY-ST-ZIP		DELETE	6.1 TI		-211-	Change Addit	ion
AME	1	i'' η ρετειε	6.2 N			رئ L Change L Addit	,
	JULY 5796				ADDRESS		
INCLINDUNESS	1 * * * * * * * * * * * * * * * * * * *		1	,			

ITY-ST-ZIP 6.4 CITY-ST-ZIP 4. 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 or an attachment with an address.

SIGNATURE: