Applied For Not Applicable

\$8,75 Additional

Fee Required \$5.00 May Be

Added to Fees

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

JESSEE. ROGER

10790 DIO HEDWOOD



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 561905

1. Corporation Name

HANK WALKEH HUMES, INC							
Principal Place of Business	Mailing Address						
73 MIDWOOD LANE 73 MIDWOOD LANE 80YNTON BEACH FL 33462 80YNTON BEACH FL 33462		DO NOT WRITE IN THIS SP					
		3. Date incorporated or Qualifed					
		03/13/1978					
2. Principal Place of Business	2a. Mailing Address	4. FEI Number					
21	26	65-0107085					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired					
City & State	City & State	6. Election Campaign Financing \$5 Trust Fund Contribution Ac					
Zip Country	Zip Country	8. This corporation owes the current year Intangible					

9. Name and Address of Current Registered Agent

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90139 013 \*\*\*150.00



10. Name and Address of New Registered Agent

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

	OCOMINALI OIN OC		اـــا		5 m/L		CANE			
DEU	RAY BEACH FL 33446		83							
			84	Citv	<del></del>				85 Zip	Code
				(	304NTON	BENL	4-	FL	33	46Z
office or r	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was auth	iorized by i	e-named the corpo	compration subn	nits this state	ment for the c	urpose of the appoir	changing it ntment as r	s registered egistered
-	in laminal with, and accept the obligations of, Section	1001.0000, 1 iona	a Çialdico.	•						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	, (NOTE: Re	gistered Agent	t signature r	equired when reinstatin	g)		DATE	<del></del>	<del></del>
12.	OFFICERS AND DIRECTORS		13.	-	ADDIT	IONS/CHAN	IGES TO OFF	ICERS AN	D DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE						Change	☐ Addition
NAME	JESSEE, ROGER		1.2 NAMÉ							
STREET ADDRESS			1.3 STREET	ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST	r-zip						
TITLE	BOTHION BEACHTL	☐ DELETE	2.1 TITLE		-				Change	☐ Addition
NAME	•		2.2 NAME							
STREET ADDRESS			2.3 STREET	ADDRESS						
	_		2.4 CITY-S						_	=
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE	1-20			<u> </u>		☐ Change	☐ Addition
NAME		_	3.2 NAME							
			33 STREET	ANDRESS						
STREET ADDRESS			3.4. CITY-S							
CITY-ST-ZIP TITLE		DELETE	4.1 TTLE	1-ZIP					Change	☐ Addition
			4.2 NAME							
NAME			4.2 NAME	LADODECC						
STREET ADDRESS			,,,,							
CITY-ST-ZIP		DELETE	4.4 CITY-ST 5.1 TITLE	1-ZIP					[ ] Change	Addition
TITLE		ال المداد	5.1 IIILE 5.2 NAME							
NAME			5.3 STREET	Anneee						
STREET ADDRESS			5.3 STREET							
CITY-ST-ZIP		DELETE	6.1 TITLE	1-212					☐ Change	Addition
TITLE		L) DELETE	1							
NAME			6.2 NAME							
STREET ADDRESS	\$56 TENERS LT 4576.00		6.3 STREET							
CITY-ST-7IP	10.41	<del></del>	6.4 CITY-ST						116 . Ab = 1 .45 =	. } <b>f</b>
14. I hereby	certify that the information supplied with this filing doe	s not qualify for the	ne exempti	ion stated	in Section 119.	07(3)(i), Flori	da Statutes. I	turther cer	iny that the	iniormation

81 Name

82

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 ar 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**