FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **580177** **(4)**

1. Corporation Name
HULL GROVE SERVICE, INC.

Principal Place of Business
502 W. CHARLIE WIGGINS RD.
P.O. BOX 789
PLANT CITY FL 33567
US

Mailing Address
502 W. CHARLIE WIGGINS RD
P.O. BOX 789
PLANT CITY FL 33564

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1978
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 59-1846159 — 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. Does corporation qualify for exemption under S. 199.032, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent
TRINKLE, ROBERT S
121 N COLLINS ST
PLANT CITY FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0506, 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. Hereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	HULL, DOROTHY E	NAME	
STREET ADDRESS	606 W CHARLIE WIGGINS RD	STREET ADDRESS	
CITY, ST, ZIP	PLANT CITY, FL 00000	CITY, ST, ZIP	
TITLE	ST	TITLE	[ ] Change [ ] Addition
NAME	HULL, SARAH BETH	NAME	
STREET ADDRESS	502 W CHARLIE WIGGNS RD	STREET ADDRESS	
CITY, ST, ZIP	PLANT CITY, FL 00000	CITY, ST, ZIP	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	TRINKLE, ROBERT S	NAME	
STREET ADDRESS	121 N. COLLINS ST.	STREET ADDRESS	
CITY, ST, ZIP	PLANT CITY, FL 00000	CITY, ST, ZIP	
TITLE	V	TITLE	[ ] Change [ ] Addition
NAME	HULL, JAMES H	NAME	
STREET ADDRESS	1307 W HWY 60	STREET ADDRESS	
CITY, ST, ZIP	PLANT CITY, FL 00000	CITY, ST, ZIP	
TITLE	PD	TITLE	[ ] Change [ ] Addition
NAME	HULL, ROY DON	NAME	
STREET ADDRESS	502 W CHARLIE WIGGINS RD	STREET ADDRESS	
CITY, ST, ZIP	PLANT CITY, FL 00000	CITY, ST, ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information contained herein, including the annual report or supplemental annual report, is true and accurate and that my signature shall serve the same legal effect as if made under oath; that I am an officer or director of the corporation or that I am authorized to sign the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or is an attachment with an address.

SIGNATURE: Dorothy E. Hull — Dorothy E. Hull — 4-27-95 — 813/737-1625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0287489 CP