

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TRINKLE, ROBERT S
121 N COLLINS ST
PLANT CITY FL

3. Date Incorporated or Qualified

07/26/1978

3a. Date of Last Report

05/01/1995

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HULL, DOROTHY E
606 W CHARLIE WIGGINS RD
PLANT CITY, FL 00000

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
HULL, SARAH BETH
502 W CHARLIE WIGGINS RD
PLANT CITY, FL 00000

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TRINKLE, ROBERT S
121 N. COLLINS ST.
PLANT CITY, FL 00000

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
HULL, JAMES H
1307 W HWY 60
PLANT CITY, FL 00000

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HULL, ROY DON
502 W CHARLIE WIGGINS RD
PLANT CITY, FL 00000

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

VS
HULL, ANDREA S.
5702 S. CASSELS ROAD
PLANT CITY, FL. 33567

PT
HULL, THOMAS R.
5702 S. CASSELS RD.
PLANT CITY, FL. 33567

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:

Andrea S. Hull

Andrea S. Hull

April 30, 1996 813/737-1625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)