

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 601590 (3)

1. Corporation Name

JOHN R. HOOD, JR., INC.



Principal Place of Business

120 GATLIN
ORLANDO FL 32806-6908

Mailing Address

120 GATLIN
ORLANDO FL 32806-6908

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOOD JR, JOHN R
120 GATLIN AVE
ORLANDO FL 32806

3. Date Incorporated or Qualified
10/24/1969

3a. Date of Last Report
06/28/1995

4. FEIN Number
59-1298960

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 607.0102 and 607.1505, 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 Sections 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Secretary of State (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PO
HOOD JR, JOHN R
120 GATLIN AVE
ORLANDO FL

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
PARSONS, DONNA E
2653 OCILLA CT.
ORLANDO FL

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
DYKES, MARY JO
638 E. AMELIA ST
ORLANDO FL

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(4), 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 person or persons 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Hood, Jr.

3/12/96

836-3653

CR2E034 (12/95)