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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 611575

HOUR ENTERPRISES, INC.

FILED Feb 15, 1999 8:00am Secretary of State

02-15-1999 90043 041 ***150.00

HOUK EI	NTERPRISES, INC.									
Principal Place	e of Business	Mailing Address					ii Dibii Dib		1 BIBIL BARRI (1	181
2141 HWY 97 N. 2141 HWY 97 N.									,	
MOUNO FL 325	MOLINO FL 32257	NO FL 32257			DO NOT WRITE IN THIS SPACE					
US US						Date Incorporated or Qualifed				
						03/02/1979				
Principal Place of Business 2a. Mailing Address						4. FEI Number		1/	Applied For	
21 26						59-1994877		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	–			5. Certificate of Status Desired \$8.75 Additional Status Desired				J .
22		27			Fee Required					
City & State	e	City & State	⊢ ′			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23 Zip	Country	Zip Country				This corporation owes the current	vear Intai		3101000	
24	25	<u> </u>	30			Personal Property Tax.		Yes	XNo	
24	9. Name and Address of Curren	<u> </u>				10. Name and Address of New Reg	istered A	gent		
	•			81	Name					
HOUK, RAY SR.				82	Street Add	ress (P.O. Box Number is Not Acceptable)			\dashv
	HWY 97 N. INO FL 32577						11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12 m), 11 m	72:
MUL			83				14.5			
				84	City	र्विकार के स्वर्ग विकास के के किया किय स्वराहक के किया किया किया किया किया किया किया किया	E I	85 Zi	Code Fit B	rsi
 agent. I a SIGNATURE 	m familiar with, and accept the obligations of registered ager	tions of, Section 607.0505, Floi	Registered	utes	· 	coration submits this statement for the pur on's board of directors. I hereby accept the ad when reinstating)	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	ST DELETE			1.1 TITLE				Chang	e □Ado	Jiuon
NAME	HOUK, JOYCE			1.2 NAME						1
STREET ADDRESS	2141 WHY 97 N MOLINO FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			•				
CITY-ST-ZIP TITLE	P P			2.1 TITLE				Chang	e Add	lition
NAME	HOUK, RAY, SR	-		2.2 NAME						}
STREET ADDRESS	141 HWY 97 N		2.3 \$	2.3 STREET ADDRESS]
CITY-ST-ZIP	MOLINO FL		2, 4 0	2.4 CITY-ST-ZIP		5H 2T				
TITLE			3.1 TI	7LE				Chang	e ∐ Ado	lition
NAME,	HOUK, RAY, JR		3.2 NAMÉ							ł
STREET ADDRESS	1995 TEN MILE ROAD			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					a Paris	ji l
CITY-ST-ZIP	CANTONMENT, FL 00000				T-ZIP			Chang	e î \articolor	dition
TITLE			4.1 TITLE 4.2 NAME			N	•		٠٠, ,٠	.
NAME STREET ADDRESS			B .	4.3 STREET ADDRESS						
CITY-ST-ZIP				4.4 City-ST-ZIP						
TITLE				5.1 TITLE				Chang	e 🗌 Ade	dition
NAME				5.2 NAME		r				1
STREET ADDRESS				5.3 STREET ADDRESS						:
CITY-ST-ZIP			_	5.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		□ Charr	,	dition
TITLE	\ *,			6.1 TITLE 6.2 NAME				☐ Chang	ie ∏Ada	110011
NAME			6.3 STREET ADDRESS		I ADORESS					1
STREET ADDRESS	ADDRESS		0.3 3	0.3 STREET ALUKESS						}

14. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-99-476-3455

Daytime Phone #

XZE034 (11/98)