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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 616466



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State Katherine Harris . Secretary of State

04-16-1999 90090 028 ***150.00

H-X, INC	•					Bull 11616 Bill Still Bull	400 400 0 8180	81811 81811 Et	(C) 01011 1001
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Principal Place		Mailing Address							
5507 WESSON		5507 WESSON RD NEW PORT RICHEY FL 34655	د						
NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 3465 US US			u			DO NOT WRITE IN THIS SPACE			
•		••				3. Date Incorporated or Qualifed			
						04/04/1979			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	_		lied For
21		26				59-3173718	<u>- </u>		Applicable
Suite, Apt.	#, etc	Suite, Apt. #., etc				5. Certificate of Status Desired	<u> </u>	66.75 ;A	dditional
22		27					_		
City & State	•	City & State				6. Election Campaign Financing	_	\$5.00 A Added to	,
23		28	Count			Trust Fund Contribution			rees
Zip	Country	Zip 3	_	ıy		This corporation owes the current Personal Property Tax.		lible Yes [(<u>4</u> No
24	9. Name and Address of Curren		10			10. Name and Address of New Reg			
	9. Name and Address of Curren	it Registered Agent	8	1 N	lame	To realist the second s	<u>,</u>		
RICC	I, THOMAS A		L						
	WESSON RD		8	2 5	Street Addres	ss (P.O. Box Number is Not Acceptable	e)		
NEW	PORT RICHEY FL 34655		8	3					
			_	_				+=	
			8	4 0	City		FL i	85 Zip C	.oae
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	s, the abo	ve-na	amed corpo	ration submits this statement for the pu	rpose of cha	anging its r	registered
	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was auti	поплен п	IV the	corporation	n's board of directors. I hereby accept t	he appointm	ent as reg	istered
	n familiar with, and accept the obliga	tions of, Section Cor. Coos, 1 tone	au Ciuiui						į
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	Registered Ag	gent sig	nature required	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	_		
TITLE `	PD	☐ DELETE	1.1 TITLE	1] Change	☐ Addition
NAME	HAM, STEPHEN B.		1.2 NAM	E					
STREET ADDRESS	1076 HICKORY STREET		13 STRE	ET AN	DRESS				
CITY-ST-ZIP	HIGHLANDS, NC.		1,001111						
TITLE	ST		1.4 CITY		Р				
NAME		☐ DELETE		-ST-ZI	Р] Change	☐ Addition
STREET ADDRESS	RICCI, THOMAS A 🕒	☐ DELETE	1.4 CITY	-ST-ZI	P] Change	Addition
SIREELADDRESS	6539 CABBAGE LANE	DELETE	1.4 CITY 2.1 TITLE	-ST-ZI E		manager and the second] Change	☐ Addition
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CITY-ST-ZIP 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS