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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 637260

(1)

HINCON EHEL CARD INC

FILED Apr 18 1997 8:00am Secretary of State

| Principal Place of Business 626 S VIRGINIA ST OUINCY FL 32351 US | | | 626 SOUTH VIRGINIA ST. QUINCY FL 32351-2716 | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | |
|---|---|---|---|--|--|-------------|---------------------------------------|--|
| 6 02 | United the Parameter of the Control | 0. 11.8 | | | 09/24/1979 | 04/ | <u> 29/1996</u> | |
| ·1 | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | | pplied For lot Applicable |
| Suite, Apt | # etc | Suite, Apt. #, etc. | | | 59-1935474 | | | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | | | lequired |
| City & Stat | 6 | City & State | | | 6. Election Campaign Financing | | \$5.00 |) May Be |
| 23 | | 28 | | | Trust Fund Contribution | | | to Fees |
| Zφ | Country | Zip | Coun | try | 8. This corporation has liability for | intangible | tax under | s. 199.032, |
| 24 | 25 | 29 | 30 | | | Yes [| | |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Re | egistered . | Agent | |
| HIN | SON, ANGUS T | |]1 | Name | | | | |
| 626 | S. VIRGINIA STREET | | , to | 32 Street Add | Iress (P.O. Box Number is Not Accepta | ble) | | |
| QUI | NCY FL 32351 | | <u></u> | | | | | |
| | | |]* | 33 | | | 100 | |
| | | | ļ, | 34 City | | | 85 Zip | Code |
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| agont La | milian in whis, and accept the oblige | | | | | | | |
| SIGNATURE | Signature, typostor printed name of registered age | t) sideologa li ello bne m | NOTE Flegistered | | poration submits this statement for the ation's board of directors. I hereby acceured when reinstating) ADDITIONS/CHANGES TO OFFI | DATE | · · · · · · · · · · · · · · · · · · · | |
| SIGNATURE | Signature, typed or proted name of registericolage OFFICERS AND | mi and title if applicable (f D DIRECTORS | NOTE Registered | Agent signature requ | | DATE | · · · · · · · · · · · · · · · · · · · | |
| SIGNATURE 12. | Street are have to protect name of registeriologic OFFICERS AND | t) sideologa li ello bne m | NOTE: Registered 13. | Agent signature requ | pired when reinstating) | DATE | DIRECTO | RS IN 12 |
| SIGNATURE 12. TILLE NAME | Structure typod in protect name of registerio age OFFICERS AND PTD HINSON, ANGUS T. | mi and title if applicable (f D DIRECTORS | NOTE: Registered 13. 1.1 TITL 1.2 NAM | Agent agrature requ | pired when reinstating) | DATE | DIRECTO | RS IN 12 |
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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 Black 12 or Block 13 if changed, or on an attachment with an address.

904-627-3515

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