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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 19 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 671954

(6)

HOOD MANAGEMENT SERVICES, INC.

TIOOD II	MAINAGEMENT SENVICES	, 1110.			I MARIN AND IREN IN A COME CAND RAN I	DIGH BIĞH BIRH BIRH BIRH BIRH INGH
Principal Plac	e of Business	Mailing Address				
2120 N. ORANGE BLOSSOM TRAIL P.O.BOX 547097 ORLANDO FL 32804		P.O.BOX 547097	2120 N. ORANGE BLOSSOM TRAIL			
					3. Date Incorporated or Qualified 05/29/1980	3a. Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	The state of the s	26			59-2000473	Not Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	te	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for in	
4	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	istered Agent
	DD, CHARLES M.		ľ	1 Name		
2120 N. ORANGE BLOSSOM TRAIL			8	2 Street Add	ress (P.O. Box Number is Not Acceptable	e)
ORL	ANDO FL 32804		l _s	3		
			8	4 City		FL 85 Zip Code
	to the provisions of Sections 607.0 registered agent, or both, in the Sia am fam⊪liar with, and accept the ob	0502 and 607.1508, Florida Stat ate of Florida. Such change was digations of, Section 607.0505, I	utes, the abo s authorized Florida Statut	ve-named corpora sy the corpora es.	poration submits this statement for the pution's board of directors. I hereby accep	rpose of changing its registered t the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and life if applicable (Ne	OTE: Registered A	gent signatura requi	ired when reinstating)	DATE
12.	r	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	i		☐ Change ☐ Addition
NAME	HOOD, CHARLES M. III	170	1.2 NAM	l		
STREET ADDRESS	2120 N ORANGE BLOSSOM ORLANDO FL	IK	1	ET ADDRESS		
City - ST - ZiP Title	STD	DELETE	1.4 CITY 2.1 TITLE			Change Addition
NAME	HOOD, JOHN E.		2.2 NAM			El pronde Ell vagrion
STREET ADDRESS	2120 N ORANGE BLOSSOM	I TR		ET ADDRESS		
C-TY - ST - ZIP	ORLANDO FL	• • • • • • • • • • • • • • • • • • • •	2. 4 CITY			
TITLE		☐ DELETE	3.1 T:TLE			☐ Change ☐ Addition
NAME			3.2 NAM	:		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
City - St - ZiP		, , , , , , , , , , , , , , , , , , ,	3.4. CiTY	- ST - ZIP	·	
TITLE		DELETE	4.1 TITLE			Change Addition
NAME executioneses			4. 2 NAM			
STREET ADDRESS City - St - Zip				ET ADDRESS		
TilleF		DELETE	4.4 CITY 5.1 TITLE			Change Addition
NAME		heard are periods I to	5.2 NAMI		والمساور والمراوضية فيساو فيساو المساورة	
STREET ADDRESS				ET ADDRESS	4000021 9: -05/30/970100	ンサブサ (2001
í			5.4 CiTY		***330 UU 	0 001
CITY - SI - ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6 1 TITLE		المنظم ال	Change Addition
		L' DETEIL	0 , 11,00			
101.1		C DETEN	6.2 NAMI			Change Modition
CITY-ST-ZIP THLE NAME STREET ADDRESS		C DETERE	6.2 NAMI			1519
THLE NAME STREET ADDRESS CHY- ST- Z-P			62 NAMI 63 STRE	ET ADDRESS	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida St	5.19