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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 698990 (9)

1. Corporation Name

THE HOOD COMPANY OF GAINESVILLE, INC.

Principal Place of Business

5517 N.W. 99TH TERRACE
GAINESVILLE FL 32606

Mailing Address

5517 N.W. 99TH TERRACE
GAINESVILLE FL 32606

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOOD, L. FREDERICK
5517 NW 99TH TERRACE
GAINESVILLE, FL
32606

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 607.0602 and 607.1504, 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, Section 607.0604, Florida Statutes.

SIGNATURE

SIGNATURE OF REGISTERED AGENT (SEE INSTRUCTIONS)

SIGNATURE OF SECRETARY OR OFFICER (SEE INSTRUCTIONS)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
HOOD, L. FREDERICK
STREET ADDRESS
5517 NW 55 TERRACE
CITY-STATE-ZIP
GAINESVILLE FL

2. TITLE ☐ DELETE

NAME
HOOD, BARBARA J.
STREET ADDRESS
5517 NW 55 TERRACE
CITY-STATE-ZIP
GAINESVILLE FL

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

9. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied to the Division is entirely true and does not qualify for the exemption stated in Section 119.01(3)(a), Florida Statutes. I further certify that the information indicated on the above report was approved by the board of directors and that my signature and date have the same legal effect as if made under oath, that I am an officer or director of the corporation, or the owner or partner and owner. I do not state the report is prepared by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or if I am not a board member with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEO F. HOOD

PREPARED 3/1/96

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