FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90106 012 ****61.25

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DOCUMENT # 725600

1. Corporation Name
BUNKER HILL, INC.

Principal Place of Business
1051 S. HIGHLAND ST.
PO BOX 1303
MT DORA FL 32757

Mailing Address
1051 S. HIGHLAND ST.
PO BOX 1303
MT DORA FL 32756
US

2. Principal Place of Business
21 2180 W SR 434
Suite, Apt. #, etc.
22 STE 5000
City & State
23 LONGWOOD FL
Zip 24 32779 Country 25 US

2a. Mailing Address
26 2180 W SR 434
Suite, Apt. #, etc.
27 STE 5000
City & State
28 LONGWOOD FL
Zip 29 32779 Country 30 US

3. Date Incorporated or Qualifed
02/20/1973

4. FEI Number
59-1890264
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
DEL G. POTTER
196 W. 5TH AVE.
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent
81 Name HART,JAMES W JR
82 Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT INC
83 2180 W SR 434 STE 5000
84 City LONGWOOD FL 85 Zip Code 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 4/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LOGSDON, DWIGHT	
STREET ADDRESS	1051 S HIGHLAND ST	
CITY-ST-ZIP	MT DORA FL	
TITLE	D	☐ DELETE
NAME	MANZI, J. P.	
STREET ADDRESS	1051 S. HIGHLAND ST.	
CITY-ST-ZIP	MT DORA, FL 00000	
TITLE	TD	XXDELETE
NAME	CEIGA, EDWARD	
STREET ADDRESS	1051 S. HIGHLAND ST.	
CITY-ST-ZIP	MT DORA, FL 00000	
TITLE	VD	☐ DELETE
NAME	PEZZO, MARY	
STREET ADDRESS	1051 S HIGHLAND ST	
CITY-ST-ZIP	MT DORA FL	
TITLE	D	☐ DELETE
NAME	GOTTWICK, MARJORIE	
STREET ADDRESS	1051 S. HIGHLAND ST.	
CITY-ST-ZIP	MT DORA, FL 00000	
TITLE	SD	☐ DELETE
NAME	RISSE, MARIE	
STREET ADDRESS	1051 S HIGHLAND ST	
CITY-ST-ZIP	MT DORA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	XX Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	☐ Change XX Addition
3.2 NAME	SWARTLANDER,DALE	
3.3 STREET ADDRESS	1051 S HIGHLAND ST 5A	
3.4 CITY-ST-ZIP	MOUNT DORA FL 32757	
4.1 TITLE	PD	XX Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	☐ Change XX Addition
6.2 NAME	MCPEEK,DON	
6.3 STREET ADDRESS	1051 S HIGHLAND ST #3A	
6.4 CITY-ST-ZIP	MOUNT DORA FL 32757	

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 617, 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 REQUIRED 4-23-99 352-787-5883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)