FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 850453

ARMSTRONG-HUNT, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90056 038 ***150.00



Principal Place	e or business	Maining Madreso						
8100 ARMSTRONG ROAD MILTON FL 32563		8100 ARMSTRONG ROAD MILTON FL 32583						
US US				DO NOT WRITE IN THIS	SPACE	<u> </u>		
03		55			3. Date Incorporated or Qualifed 09/23/1981		ļ	
		2a. Mailing Address			4. FEI Number	Ap	plied For	
2. Thicipal Flace of Business				· ·		t Applicable		
21 26 Suite Apt. # etc. Suite, Apt. #, etc.				38-2282032				
Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required				
City & State City & State				6. Election Campaign Financing	\$5.00	Мау Ве		
				Trust Fund Contribution	Added t	o Fees		
23 Zip	Country Zip		Country		8. This corporation owes the current year Intangible			
_			30		Personal Property Tax.			
24	9. Name and Address of Curre				10. Name and Address of New Registered	Agent		
	3. Italile and Address of Curre	The distance is a second	81	Name				
¢HU	UPPE, GREGORY A						 	
233 QUEEN STREET			82	Street Add	t Address (P.O. Box Number is Not Acceptable)			
			83	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 46 19 21.3	35 (1)	
MILI	ON FL 32570		83		- アンディング 経過機能		1 2 1 2	
			84	City	The state of the s	85 Zip (Code (1' 10's)	
			1	1	poration submits this statement for the purpose of			
agent. I a	am familiar with, and accept the oblig				poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint		 _	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12	
	·	DELETE	1.1 TITLE		7 1 29 7	☐ Change	☐ Addition	
TITLE	P		1.2 NAME		was state		•	
NAME	O'DELL, LAWRENCE R.		1	T 4 DOOF 00				
STREET ADDRESS	1			T ADDRESS				
CITY-ST-ZIP	MILTON FL		1.4 CITY-5	ST-ZIP	·	Change	☐ Addition	
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change		
NAME	BLOSS, DOUGLAS V.		2.2 NAME		•	i		
STREET ADDRESS	2081 SE OCEAN BLVD., 4TH	FLR	2.3 STREE	TADDRESS				
CITY-ST-ZIP	STUART FL		2.4 CITY-	ST-ZIP				
TITLE	SD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
Ú.4.	GIBSON, STEPHEN P.		3.2 NAME					
NAME		EL OOP		ET ADDRESS			energy.	
STREET ADDRESS		rloun				,		
CITY-ST-ZIP	STUART FL	☐ DELETE	3.4. CITY- 4.1 TITLE	31-ZIF	K 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	Addition	
TITLE	T	i JUCLESE	1	1	and the second of the second o	<u> </u>	,	
NAME	SHOUPPE, GREGORY A.							
STREET ADDRESS			4. 2 NAME					
CITY-ST-ZIP			4.3 STREE	ET ADDRESS		i		
				ET ADDRESS				
TITLE	233 QUEEN STREET	☐ DELETE	4.3 STREE	ET ADDRESS ST-ZIP		☐ Change	Addition	
TITLE NAME	233 QUEEN STREET		4.3 STREE	ET ADDRESS ST-ZIP		☐ Change	Addition	
NAME	233 QUEEN STREET MILTON FL		4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP		☐ Change	☐ Addition	
NAME STREET ADDRESS	233 QUEEN STREET MILTON FL		4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	233 QUEEN STREET MILTON FL		4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	233 QUEEN STREET MILTON FL	☐ DELETE	4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	233 QUEEN STREET MILTON FL	☐ DELETE	4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	233 QUEEN STREET MILTON FL	☐ DELETE	4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP 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:

850-626-0051