## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

F9300001089 (2)

**DOCUMENT #** 

**HUNTER STAR CORPORATION** 

Principal Place of	of Business	Mailing Address						
SUITE 108	turion PKY Nofith Ille FL 32256	10407 CENTURION F SUITE 108 JACKSONVILLE FL 3		Н				
US	US			3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1993 04/28/1995				
Principal Place of Business     2a. Mailing Address					4, FEI Number			pplied For
21		26			<b>65-0398730</b> Not Applicable			
Suite, Apt. #, etc.  22  City & State  23		Suite, Apt. #, etc.			5. Certificate of Status Desired Seried Seried Fee Required  6. Election Campaign Financing Trust Fund Contribution Series Added to Fees			
		City & State						
Zip	Country	Zip		ıntry	B. This corporation has liability for i	ntangible ta	ix under s	199.032,
24	25	29	30	T	Florida Statutes Yes  10. Name and Address of New R		Agent	
	g. Name and Address of Currer	it Hegistered Agent		81 Name	1U. Name and Address of New H	- Stateled	Jane	
THE POENTION HALL CORPORATION SYSTEM INC				<u> </u>	ddress (P.O. Box Number is Not Acceptable)			
110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				83		.,		
INCON	respect to Angel			94 62			06 7	Code
				84 City		FL	. 85 Zp	Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authoriz ion 607.0505, Florida Statutes	ed by the	corporation's boa	ration submits this statement for the pur and of directors. I hereby accept the app	DATE	registered	agent. I am
	Signature, typed or printed name of registered agen	D DIRECTORS	13.	Agont signature recome	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
12.	PD	DELETE	1.1	TITLE			Change	Addition
NAME	MCNEILL, DOUGLAS W		1.2 1	IAME				
STREET ADDRESS	10407 CENTURION PKY N	iorth, suite 108	1.3 9	TREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 (	CITY - ST- ZIP				
TITLE	V	☐ DELETE	2. 1	TITLE		[	☐ Change	Addition
NAME	KEITH, DOUGLAS B III		2.21	IAME				
STREET ADDRESS	10407 CENTURION PKY N	IORTH, SUITE 108	235	STREET ADDRESS				
CITY-ST-ZIF	JACKSONVILLE FL			CITY-ST-ZIP			Change	Addition
TITLE	SD MAND ADELE D	☐ DELET€		TITLE		ı	Change	
NAME	WAILAND, ADELE R 10407 CENTURION PKY N	MRTH SHITE 108		NAME CERTIFIE ADDRESS				
STREET ADDRESS	JACKSONVILLE FL	IOITIII, GOITE 100		STREET ADDRESS				
C-TY-ST-ZIP	TD TD	□ DELETE		CITY - ST - ZIP TITLE			Change	Addition
TITLE NAME	LISTA, FELIX M	[_] bccc.c		NAME		'		
1	10407 CENTURION PKY N	IORTH, SUITE 108		STREET ADDRESS				
STREET ADDRESS CITY-S1-ZIP	JACKSONVILLE FL			DITY-ST-ZIP				
TITLE	V	DELETE		TITLE			Change	Addition
NAME	CUBBAGE, GILBERT G			NAME				
STREET ADDRESS	10407 CENTURION PKY N	NORTH, SUITE 108		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-2IP				
TITLE		☐ DELETE		TITLE			☐ Change	☐ Addition
NAME			6.2	NAME				
STREET ADDRESS			63	STREET ADDRESS				
CITY-S1-2IP			6.4	CITY-ST-ZIP				

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indivated 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.

SIGNATURE:

DOUGLAS W. Markell 4/17/96 (904)646-4022