

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **G06625** (9)  
1. Corporation Name  
**HUMIR, INC.**



Principal Place of Business Mailing Address  
**1235 S. TENTH ST.** **1235 S. TENTH ST.**  
**P.O. BOX 937** **P.O. BOX 937**  
**FERNANDINA BEACH FL 32034-0937** **FERNANDINA BEACH FL 32034-0937**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/01/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2241327	
24 Country		30 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

Applied For  
Not Applicable

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POOLE, WESLEY R.**  
**SUITE 200, ALLAN BLDG. 303 CENTRE ST.**  
**FERNANDINA BEACH FL 32034**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	TOLLISON, HUGH K., SR.	1.2 NAME	
STREET ADDRESS	4000 S. FLETCHER AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	GORDON, JEAN	2.2 NAME	
STREET ADDRESS	4223 13TH ST., EAST BCH	2.3 STREET ADDRESS	123 Linkside Dr.
CITY-ST-ZIP	ST. SIMONS ISLAND GA	2.4 CITY-ST-ZIP	St. Simons Island, GA 31522
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 alternate agent with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)