## 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 DOCUMENT # 1. Corporation Name H09547

(1)

HULON J. BLACK, INC.

## **FILED** Jun 09 1997 8:00am Secretary of State



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Principa	Place of Business	105 FOREST DRIVE SANFORD FL 32771  3. Date Incorporated or Qualified O5/01/18  Business 2e. Mailing Address 4. FEI Number 59-2438669  Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.7' Fee  City & State 6. Election Campaign Financing Trust Fund Contribution Adde Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its and, 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 accept the obligations of, Section 607.0505, Florida Statutes.					ninii minti hiail mikli 180:				
105 FOREST DRIVE SANFORD FL 32771											
						0	6/26/1984	l l	01/1995		
	sipal Place of Business	<del> </del>	ailing Address			1			<u> </u>		
21 Suite	Suite, Apt. #, etc.		Suite, Apt. #. etc.								
22	i i i i i i i i i i i i i i i i i i i	<b>├</b>				<b>5</b> , Certi	ificate of Status Desired		Fee Required		
	City & State		City & State			6. Elect	tion Campaign Financing		\$5.00 May Be		
23		28				Trust	t Fund Contribution		Added to Fees		
Z⊮p·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	J	_ `	<b>y</b>	1	·		unders 199.032,		
24								ani			
	W. Hallie and Muul	ess of outtont negistary	a Agent	81	Name	10, 1101	ile alla Addiess di New I	Johistoian WA			
DI.	ACK THATUV U			L							
BLACK, TIMOTHY H. 1640 17 STREET			82 Street Ad			ddress (P.O. Box Number is Not Acceptable)					
ORANGE CITY FL 32763			83								
	indian of the office			-	l			Т	A-1		
	•			84	City			FL	85 Zip Code		
11. Pur or r fam	suant to the provisions of Sec egistered agent, or both, in th iliar with, and accept the obilg	stions 607.0502 and 607.1 e State of Florida. Such ch pations of, Section 607.050	508, Florida Statutes, ti ango was authorized b 5, Florida Statutes.	### Street Address (P.O. Box Number is Not Acceptable)  ### Street Address (P.O. Box N							
SIGNAT	URE	e of registered agent and title if applic	So FoREST DRIVE ANFORD FL 32771  3. Date Incorporated or Qualified O6/26/1984  4. FEI Number Sp-2439669 Not Applicable Not Applicable Source April 4, etc. 6. Certificate of Status Desired Fee Required Fee Required Fee Required City & State  Country 8. This corporation has liability for interglise tax under is 199.032, Florida Statutes Provide Agent  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 Addition Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Addition Street Address (P.O. Box Number is Not Acceptable)  80 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  150E-EFFE 1. THIE 1. THIE 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1. THIE 2. NAME 1.3. STREET ADDRESS 3.4. DIV: 51-7P  1. DELETE 3. THIE 3. NAME 3.3. SIRRET ADDRESS 4.4 CITY: 51-7P  1. DELETE 5. THIE 5. STREET ADDRESS 4.4 CITY: 51-7P  1. DELETE 5. STREET ADDRESS 4.5 CITY-51-7P  1. DELETE 5. STREET ADDRESS 4.5 CITY-51-7P  1. DELETE 5. STREET ADDRESS 5. STREET AD								
12.		OFFICERS AND DIRECTO	RS	13.		ADD	TIONS/CHANGES TO OF				
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STREET AD		₹		1.3 STREE	T ADDRESS						
CITY-ST-Z			D DELETE		ST-ZIP			<u> </u>	Change		
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14. I do hereby certify that the information supplied with this filling 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 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?