Applied For

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

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90215 030 ***150.00

D	OCUMENT	#	H1	20	120
1.	Corporation Name		, , ,		

HINKLE & COMPANY

Principal Place of Business 215 S MONROE ST #500 P.O.BOX 223

TALLAHASSEE FL 32302

Mailing Address

215 S MONROE 3T #500 P.O.BOX 223

TALLAHASSEE FL 32302

DO NO	T WRIT	E IN TH	IS S	PACE
Date Incorporated or O	ralifed			

07/12/1984 4. FEI Number

Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & St		Place of Business 2a. Mail	ling Address	2	<u></u>	4. FEI Number		Ap	plied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired Fee Required S. Additional S. Certificate of Status Desired S	21	South Monroe St. 26 P.	0. BOX	ی	⊃ (59-2428036		No:	Applicable
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20 23 25 25 25 25 25 25 25	City & 5 ta			see	FL-		- 11	•	- [
HINKLE, CLIFFORD R 2916 ABBOTSFORD WAY TALLAHASSEE FL 32312 11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statules, the above agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE PDC	Zip	Country Zip	0 2 ~ 0 ~	Country			•]No
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TALLAHASSEE FL 32312 83 44 City FL 85 Zip C ode 11. Pursuant to the provisions of Scations 607.0502 and 607.1508, Florida Statules, 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 (irrectors. I hereby accept the approintment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of (irrectors. I hereby accept the approintment as registered agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE SIGNATURE Signature, typed or printed na or frequenced agent and title if applicable. (NOT: Registered Agent signature reg. red when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12 TITLE PDC HINKLE, CLIFFORD 21.2 MAKE HINKLE, CLIFFORD 22.9 MAKE STREET ADDRESS 21.3 STREET ADDRESS 22.4 CITY-ST-ZP TALLAHASSEE FL DELETE 3.1 TITLE Addition						ss (P.O. Box Number i	s Not Acceptable)		
## Pursuant to the provisions of Scictions 607,0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its a gistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the aprointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. ### Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent agrature required when reinstating)				83					
11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was :uuthorized by the corporation's board of cirectors. I hereby accept the aprointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statuler reprinted agent, and accept the obligations of, Section 607.0505, Florida Statuler reprinted agent and other applicable. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE OELETE 2.1 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE OELETE 3.1 TITLE OELETE 3.1 TITLE OELETE 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE OELETE 3.3 TITLE OELETE 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS				84	City			FI 85 Zip C	ode
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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:

Cliff Hink
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Cliff Hinkle

4-19-99

850-222-1800