

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12020

Entity Name: HINKLE & COMPANY

FILED  
Apr 06, 2009  
Secretary of State

## Current Principal Place of Business:

1545 RAYMOND DIEHL ROAD  
SUITE 150  
TALLAHASSEE, FL 32308

## Current Mailing Address:

P.O. BOX 351  
TALLAHASSEE, FL 32302

## New Principal Place of Business:

3500 FINANCIAL PLAZA  
SUITE 350  
TALLAHASSEE, FL 32312

## New Mailing Address:

3500 FINANCIAL PLAZA  
SUITE 350  
TALLAHASSEE, FL 32312

FEI Number: 59-2428036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINKLE, CLIFFORD R  
2916 ABBOTSFORD WAY  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete  
Name: HINKLE, CLIFFORD R  
Address: 2916 ABBOTSFORD WAY  
City-St-Zip: TALLAHASSEE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change ( ) Addition  
Name: HINKLE, CLIFFORD R  
Address: 2916 ABBOTSFORD WAY  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD R. HINKLE

PDC

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date