

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

FILED

Jan 14 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H39229** (0)

1. Corporation Name
HUNSAKER ENTERPRISES, INC.



Principal Place of Business RENTAL MART 4333 NW 6TH STREET GAINESVILLE FL 32609	Mailing Address RENTAL MART 4333 NW 6TH STREET GAINESVILLE FL 32609-1747
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2. Principal Place of Business 21 Rental Mart Suite, Apt. #, etc. 22 4319 NW 6th Street City & State 23 Gainesville FL Zip 24 32609		2a. Mailing Address 26 Rental Mart Suite, Apt. #, etc. 27 4319 NW 6th Street City & State 28 Gainesville FL Zip 29 32609		3. Date Incorporated or Qualified 01/31/1985		3a. Date of Last Report 02/21/1996	
25 USA		30 USA		4. FEI Number 59-2491962		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HUNSAKER, ROBERT D. 4333 N.E. 6TH STREET GAINESVILLE FL 32609				10. Name and Address of New Registered Agent 81 Name Hunsaker, Robert D. 82 Street Address (P.O. Box Number is Not Acceptable) 4319 NW 6th Street 83 84 City Gainesville FL 85 Zip Code 32609			
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE HUNSAKER, ROBERT D. 4333 N.W. 6TH STREET GAINESVILLE FL	1.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNSAKER, ROBERT D.		1.2 NAME Hunsaker, Robert D.	
STREET ADDRESS 4333 N.W. 6TH STREET		1.3 STREET ADDRESS 4319 NW 6th Street	
CITY-ST-ZIP GAINESVILLE FL		1.4 CITY-ST-ZIP Gainesville FL 32609	
TITLE T	<input type="checkbox"/> DELETE LIU, HELEN H.Y. 4113 N.W. 30TH PLACE GAINESVILLE FL	2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIU, HELEN H.Y.		2.2 NAME Liu, Helen H.Y.	
STREET ADDRESS 4113 N.W. 30TH PLACE		2.3 STREET ADDRESS 4113 NW 30th Place	
CITY-ST-ZIP GAINESVILLE FL		2.4 CITY-ST-ZIP Gainesville FL	
TITLE S	<input type="checkbox"/> DELETE HOLDEN, CHARLES 2700 N.W. 43RD STREET GAINESVILLE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLDEN, CHARLES		3.2 NAME	
STREET ADDRESS 2700 N.W. 43RD STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97

Date

352-373-8596

Daytime Phone

0057984

CR2E034 (9/96)