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May 09 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 # **H52492**

(6)

1. Corporation Name

HOOKEE CONTRACTING, INC.



Principal Place of Business

Mailing Address

**17251 ALICO CENTER ROAD
UNIT #3
FT. MYERS FL 33912
US**

**2030 WEST FIRST STREET
SUITE C
FT. MYERS FL 33901-3117**

3. Date Incorporated or Qualified

04/16/1985

3a. Date of Last Report

11/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **17251 Alico Center Rd.**

22 City & State

27 Unit #3
City & State

23 Zip

Country

28 **Ft. Myers, Fl. 33912**

Zip

Country

24

25

29 **22912**

30

Lee

4. FEI Number

59-2619847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOOKEE, W. ROSS
17251 ALICO CENTER ROAD
UNIT #3
FT. MYERS FL 33912**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **HOOKEE, W. ROSS**
STREET ADDRESS **17251 ALICO CENTER ROAD**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **SD** ☐ DELETE
NAME **REYFF, MARY P**
STREET ADDRESS **17251 ALICO CENTER ROAD**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V.P./D** ☐ Change ☒ Addition
1.2 NAME **Pandora B. Hooker**
1.3 STREET ADDRESS **17251 Alico Center Road**
1.4 CITY-ST-ZIP **Ft. Myers, Florida 33912**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

WILLIAM ROSS HOOKEE

Date

4/29/97

Daytime Phone #

441-590-0060

0396252

CR2E034 (9/96)