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Secretary of State

03-02-1999 90045 041 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H86017

1. Corporation Name
RICKEY HOOVER, INC.

Principal Place of Business
ABA TONYA'S HAIRCUTTING PLACE
868 BLANDING BLVD. #117
ORANGE PARK FL 32065-6240
US

Mailing Address
2141-125 LOCH RANE BLVD.
2535 RIDGECREST AVE
ORANGE PARK FL 32065-6240
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1985

4. FEI Number

59-2611352

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 dba TONYA'S BEAUTY BOUTIQUE **2535 RIDGECREST AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1241 BLANDING BLVD. #23 **27**

City & State

City & State

23 ORANGE PARK, FL.

28 ORANGE PARK, FL

Zip

Zip

24 32065 **25** CLAY

29 32065-6240 **30** CLAY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OBERDORFER, E. CHARLES
1719 BLANDING BOULEVARD
JACKSONVILLE FL 32210

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HOOVER, W.T., JR.
STREET ADDRESS 2141-125 LOCHE RANE
CITY-ST-ZIP ORANGE PARK FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2535 RIDGECREST AVE.
1.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME HOOVER, RICKEY
STREET ADDRESS 2141-125 LOCHE RANE
CITY-ST-ZIP ORANGE PARK FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2535 RIDGECREST AVE.
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME GREEN, TONYA H
STREET ADDRESS 2141-125 LOCH RANE
CITY-ST-ZIP ORANGE PARK FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 5002 LICORICE CT.
3.4 CITY-ST-ZIP MIDDLEBURG, FL. 32068

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS HOOVER, RICHARD T.
4.4 CITY-ST-ZIP 2632 LOWELL CIRCLE
MELBOURNE, FL. 32935

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS HOOVER, W.T., -III
5.4 CITY-ST-ZIP 10816 COPPERFIELD DR.
PINEVILLE, N.C. 28134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: W. T. Hoover, Jr. W. T. HOOVER, JR. 2/5/99 904-272-3539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)