

526870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

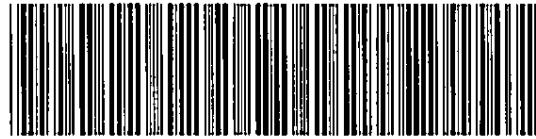
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800343303008

326870

GARY G. GRAHAM

ATTORNEY AT LAW
POST OFFICE BOX 519
INVERNESS, FLORIDA 32651
(904) 344-2654

FILED

AUG 4 3 14 PM '00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

006 9070 7731785 40.0
006 9070 7731785 15.0
006 9070 7731785 15.0
006 9070 7731785 3.0
006 9070 7731785 63.0

Corporate Records Bureau
Department of State
P. O. Box 6327
Tallahassee, Florida 32301

ATTN: Division of Corporations/Document Filing Section

Re: Incorporation of H & L MASONRY, INC.

Gentlemen:

Please find enclosed the following documents pursuant to the incorporation of H & L MASONRY, INC.

- 1) The Articles of Incorporation of H & L MASONRY, INC.
- 2) A check in the amount of \$ 63.00 to cover the following items:
(a) \$ 30.00 tax on authorized stock; (b) \$15.00 for filing fee; (c) \$15.00 for one certified copy of the Certificate of Incorporation, and (d) \$3.00 for certificate designating registered agent;
- 3) Copy of the executed Articles of Incorporation to be certified and returned:

Please note that the Articles of Incorporation call for corporate existence to commence as soon as the Articles are filed with the Secretary of State. Your assistance in filing the Articles in order to comply with the provisions of Florida Statutes, Section 607.167(1) will be appreciated.

* Please telephone me upon the filing of the enclosed Articles. *
called
Thank you for your assistance in this matter. Should you have any questions or comments, please call me.

Sincerely yours,

G. Graham
GARY G. GRAHAM

Mr. [initials]	8/1/00
Document	RD
Ex. [initials]	RD
Upd. [initials]	RD
Encs.	RD
Acknowledgement	RD
W.P. Vintner	RD

ARTICLES OF INCORPORATION
OF
H & L MASONRY, INC.

FILED
AUG 4 3 14 PM '65
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), being persons competent to contract, subscribe(s) to these Articles of Incorporation to form a corporation for profit under the laws of the State of Florida.

ARTICLE I - Name

The name of the Corporation shall be:

H & L MASONRY, INC.

ARTICLE II - Business and Activities

This Corporation may, and is authorized to, engage in any activity or business permitted under the laws of the United States and of the State of Florida. Provided, however, and notwithstanding the generality of the foregoing, this Corporation is not to conduct a banking, safe deposit, trust, insurance, surety, express, railroad, canal, telegraph, telephone or cemetery company, a building and loan association, mutual fire insurance association, cooperative association, fraternal benefit society, state fair or exposition.

ARTICLE III - Capital Stock

A. The authorized capital stock of this Corporation and the maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is 1500 shares of common stock having a par value of \$ 1.00 per share.

B. All or any portion of the capital stock may be issued in payment for real or personal property, services, or any other right or thing having a value, in the judgment of the Board of Directors, at least equivalent to the full value of the stock so to be issued as hereinabove set forth, and when so issued, shall become and be fully paid and nonassessable, the same as though paid for in cash, and the Directors shall be the sole judges of the value of any property, right or thing acquired in exchange for capital stock, and their judgment of such value shall be conclusive.

ARTICLE IV - Term of Existence

The effective date upon which this Corporation shall come into existence shall be as soon as the Articles are filed with the Secretary of State, and it shall exist perpetually thereafter unless dissolved according to law.

ARTICLE V - Initial Registered Office and Agent

The street address of the initial registered office of this Corporation is 2761 Vassar Terrace, Hernando, Florida 32642 and the name of the initial registered agent of this Corporation at that address is DEANDRA HICKS.

ARTICLE VI - Directors

A. The initial number of Directors of this Corporation shall be two (2).

B. The number of Directors may be either increased or diminished from time to time by the Board of Directors or the Shareholders in accordance with the By-Laws of this Corporation.

C. Directors, as such, shall receive such compensation for their services, if any, as may be set by the Board of Directors at any annual or special meeting thereof. The Board of Directors may authorize and require the payment of reasonable expenses incurred by Directors in attending meetings of the Board of Directors.

D. Nothing in this Article shall be construed to preclude the Directors from serving the Corporation in any other capacity and receiving compensation therefor.

E. The names and street addresses of the initial members of the Board of Directors, each to hold office until the first annual meeting of the Shareholders of this Corporation or until their successors are elected or appointed and have qualified, are:

<u>Name</u>	<u>Street Address</u>
Lee Lyvers	4553 E. Shorewood Dr., Hernando, Florida 32642
Clint Hicks	2761 Vassar Terrace, Hernando, Florida 32642

F. Any director may be removed from office by the holders of a majority of the stock entitled to vote thereon at any annual or special meeting of the Shareholders of this Corporation, for any cause deemed sufficient by such Shareholders.

G. In case one or more vacancies shall occur in the Board of Directors by reason of death, resignation or otherwise, the vacancies shall be filled by the Shareholders of this Corporation at their next annual meeting or at a special

meeting called for the purpose of filling such vacancies; provided, however, any vacancy may be filled by the remaining Directors until the Shareholders have acted to fill the vacancy.

ARTICLE VII - Incorporator(s)

The name and street address of (each/the) incorporator(s) signing these Articles is:

<u>Name</u>	<u>Street Address</u>
LEE LYVERS	4553 E. Shorewood Dr., Hernando, FL 32642
CLINT HICKS	2761 N. Vassar Terrace, Hernando, FL 32642

ARTICLE VII - Lost or Destroyed Certificates

Stock certificates to replace lost or destroyed certificates shall be issued on such basis and according to such procedures as are from time to time provided for in the By-Laws of this Corporation.

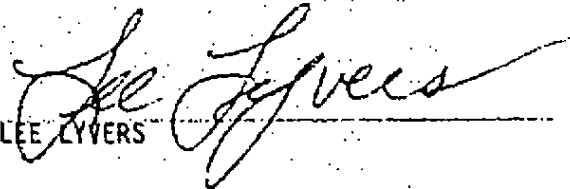
ARTICLE IX - Amendment to Articles

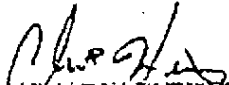
These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Shareholders, and approved at a Shareholders' meeting by the holders of a majority of the stock issued and entitled to be voted, unless all the Directors and all the Shareholders sign a written statement manifesting their intention that a certain amendment to these Articles of Incorporation be made.

ARTICLE X - By-Laws

The power to adopt, alter, amend or repeal By-Laws of this corporation shall be vested in the Shareholders or the Board of Directors of this Corporation; provided, however, that any By-Laws adopted by the Directors which are inconsistent with any By-Laws adopted by the Shareholders shall be void, and the Directors may not alter, amend or repeal any By-Laws adopted by the Shareholders.

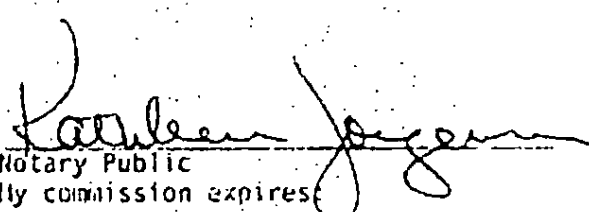
IN WITNESS WHEREOF, the undersigned Incorporator(s) (~~XXXX~~) (have) executed these Articles of Incorporation this 25th day of July, 1986.


LEE LYVERS


CLINT HICKS

STATE OF FLORIDA
COUNTY OF CITRUS

The foregoing instrument was acknowledged before me this 25th day of July, 1988 by LEE LYVERS and CLINT HICKS.


Notary Public
My commission expires

Notary Public, State of Florida
My Commission Expires Aug. 20, 1989
Should the Notary be removed, the

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned hereby accepts the appointment to serve as the initial Registered Agent of H & L MASONRY, INC.



DEANDRA HICKS

ANNUAL REPORT
1987



DEPARTMENT OF STATE
Office of the
Secretary of State
BUREAU OF CORPORATIONS

DO NOT WRITE IN THESE SPACES

FILED

87 SEP 30 PM 12:04

SECRETARY OF
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

H & L Masonry, Inc.
4553 East Shorewood Drive
Hernando, Florida 32642

J268704

Enter Change of Address, Principal Office, P.O. Box Number, or City and State

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is not correct, enter the correct address
in item 2, including Zip Code

Incorporated or Qualified
in Florida: 1936

Federal Employer
Identification Number (EIN) 592721814

Date of
Last Report 1st Report

Street Addresses of Each Office and Director, as of December 31, 1986

Name of Officer
and Directors

Title

Street Address of Each
Office and Director
(Do NOT Use P.O. Box Number)

City and State

Chas Hicks
Lee Lyvers

P/S/
C/D
T/V
D

4553 East Shorewood Drive
4553 East Shorewood Drive

Hernando, Florida 32642
Hernando, Florida 32642

10/02/87 00048 006
ANNUAL REPORT
ANNUAL REPORT
===== \$0.00
TOTAL \$0.00

REGISTERED AGENT INFORMATION

6. Name and Address of New Registered Agent

Name and Address of Current Registered Agent

Deandra Hicks
4553 East Shorewood Drive
Hernando, Florida 32642

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL.

I, the undersigned, to the best of my knowledge and belief, am a resident of the State of Florida, and I am duly qualified to act as a registered agent for the corporation named herein, and I accept the obligations of Section 607.025 F.S.

Signature of Registered Agent Accepting Appointment

DATE

See signature (print name) under instructions on reverse side of this form.

I, the undersigned, am an officer of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607 F.S., and I certify that I understand my signature on this report shall have the same legal effects as if made under oath.

(Signature must be used in Block 6)

Lee Lyvers

T/V/D

Date 9/15/87
Telephone Number (904) 344-1831

CERTIFICATE OF STATUS REQUIRED

\$5 Additional Fee
required for a
Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
DIVISION OF CORPORATIONS

Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State

J26870

H & L MASONRY, INC.
4553 EAST SHOREWOOD DRIVE
HERNANDO, FL 32642

2. Enter (Change of) Address of Corporation Secretary
Office, P.O. Box Number Above is NOT (Required)

Street Address 21

178 North Kershaw Way

P.O. Box 24

City, State and Zip

Inverness, Florida

Zip Code 34

32650

Please indicate if change of any data within the current address
is from a previous filing.

3. Date of Filing

08/04/1988

4. Filing Fee

59-2721814

5. Date of

09/30/1988

6. Name of Officer
and Director

7. Title

8. Street Address of Each
Officer and Director

9. City, State and Zip

HICKS, CLINT

P/S/D

4553 EAST SHOREWOOD DR

HERNANDO, FL

HICKS, CLINT

C

4553 EAST SHOREWOOD DR

HERNANDO, FL

LYVERS, DONNA

V/T/D

4553 EAST SHOREWOOD DR

HERNANDO, FL

HICKS, CLINT

P/S/D

178 North Kershaw Way

Inverness, FL

HICKS, CLINT

C

178 North Kershaw Way

Inverness, FL

HICKS, DEANDRA

V/T/D

178 North Kershaw Way

Inverness, FL

REGISTERED AGENT INFORMATION

1. Name and Address of Current Registered Agent

HICKS, DEANDRA

4553 EAST SHOREWOOD DRIVE

HERNANDO, FL 32642

Donna L. Lyvers

4553 East Shorewood Drive

4553 East Shorewood Drive

Street Address 21 to Post Office Box Number 24

City and State and Zip

Hernando

FL

32642

2. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the same is in good standing and is authorized to transact business in this State.

December 30, 1987

3. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the same is in good standing and is authorized to transact business in this State.

Donna L. Lyvers

(Registered Agent Accepting Appointment)

DATE 4/10/88

4. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the same is in good standing and is authorized to transact business in this State.

See signature of each officer and director on reverse side of this form

5. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the same is in good standing and is authorized to transact business in this State.

6. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the same is in good standing and is authorized to transact business in this State.

Clint Hicks

President

904/344-2674

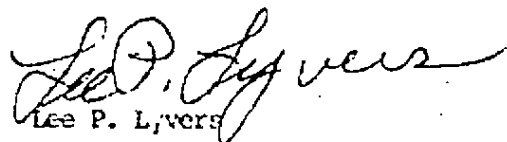
55 Additional Fee
required for 2
Additional Copies

Lee P. Livers
4553 East Shorewood Drive
Hernando, Florida 32642

Board Of Directors
H&L Masonry, Inc.
4553 East Shorewood Drive
Hernando, Florida 32642

This is to inform the Board of Directors that I am hereby tendering my
resignation as Vice President, Treasure and Director of H & L Masonry, Inc.
to be effective immediately this 30th day of December, 1987.

Dated: December 30th, 1987


Lee P. Livers

DIRECTORS MEETING H & L MASONRY, INC.

December 30, 1987

Mr. Lee P. Lyvers, Vice-President, Treasure and Director of the corporation has offered his resignation from the board of directors to be effective upon acceptance by the board. The board has the power under the by-laws of the corporation to fill the vacancy of any directorship.

Upon motion duly made and seconded the resignation of Mr. Lee P. Lyvers from the board of directors, to be effective immediately, and

FURTHER RESOLVED, that Mrs. Deandra Hicks be and hereby is elected and appointed as a director of this corporation to fill the vacancy caused by the resignation of Mr. Lee P. Lyvers.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CONTRIBUTION
ANNUAL REPORT
1989



DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

JUN 27 1989 9:53

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

ZIP + 4

J26870 2
H & L MASONRY, INC.
178 NORTH KERSHAW WAY
INVERNESS, FL. 32650-9601

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number, Any P.O. Box Number

Street Address 21

P.O. Box No. 22

City and State 23

P.O. Code 24

3. If change of address is indicated in any way, enter the correct address in item 2, P.O. Code 24

4. Date of Filing of Report

08/04/1986

5. Federal Employer Identification Number (FEIN)

59-2721814

6. Date of Last Filing

04/28/1988

7. Name and Address of Each Officer and Director, as of December 31, 1988

8. Name of Officer and Director	9. Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	10. City and State
P/S/D HICKS, CLINT	178 NORTH KERSHAW WAY	INVERNESS, FL.
C HICKS, CLINT	178 NORTH KERSHAW WAY	INVERNESS, FL.
V/T/D HICKS, DEANORA	178 NORTH KERSHAW WAY	INVERNESS, FL.

REGISTERED AGENT INFORMATION

1. Name and Address of Current Registered Agent

LYVERS, DONNA L.
4553 EAST SHOREWOOD DRIVE
HERNANDO, FL 32642

2. Name and Address of Last Registered Agent

Name 31

Street Address 1 (Do NOT Use P.O. Box Number) 32

Street Address 2 (Do NOT Use P.O. Box Number) 33

City and State 34

FL

Zip Code 35

3. I hereby certify that the provisions of Sections 607.014 and 607.017, Florida Statutes, the Administrative Code promulgated under the laws of the State of Florida, require the filing of this report as required by law, and I am a resident of the State of Florida.

4. I hereby certify that the provisions of Sections 607.014 and 607.017, Florida Statutes, the Administrative Code promulgated under the laws of the State of Florida, require the filing of this report as required by law, and I am a resident of the State of Florida.

5. I hereby certify that the provisions of Sections 607.014 and 607.017, Florida Statutes, the Administrative Code promulgated under the laws of the State of Florida, require the filing of this report as required by law, and I am a resident of the State of Florida.

6. I hereby certify that the provisions of Sections 607.014 and 607.017, Florida Statutes, the Administrative Code promulgated under the laws of the State of Florida, require the filing of this report as required by law, and I am a resident of the State of Florida.

7. I hereby certify that the provisions of Sections 607.014 and 607.017, Florida Statutes, the Administrative Code promulgated under the laws of the State of Florida, require the filing of this report as required by law, and I am a resident of the State of Florida.

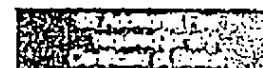
8. I hereby certify that the provisions of Sections 607.014 and 607.017, Florida Statutes, the Administrative Code promulgated under the laws of the State of Florida, require the filing of this report as required by law, and I am a resident of the State of Florida.

9. I hereby certify that the provisions of Sections 607.014 and 607.017, Florida Statutes, the Administrative Code promulgated under the laws of the State of Florida, require the filing of this report as required by law, and I am a resident of the State of Florida.

10. I hereby certify that the provisions of Sections 607.014 and 607.017, Florida Statutes, the Administrative Code promulgated under the laws of the State of Florida, require the filing of this report as required by law, and I am a resident of the State of Florida.

CLINT HICKS

PRES



647-2024

725
1955

DEC MAY 23 PM 2 45

ALLIANCE FLORIDA

J26870 2

2. If address is blank I am assuming it is not correct and will not send the card. However, when PO Box number is given I will assume I can find the card and will send it. If the card can be changed only by using an agency.

ZIP + 4 PRESORT

SECRET ANSWER 23

P(0) = 1000

[illegible]

Za Corp 24

If above address is incorrect in any way enter the correct address in item 2. Below 2nd Copy

2. The Importance of Quality and Its Measurement

08/04/1986

4. FEL Plotting

59-2721814

FELONY: Applied for
FELONY: Not Applied

*Tarnish and Stain: Adjudicators of Each Office and Division (Do not use any expression liable to lead to claim of prejudicial information.)

1	2	3	4
Line	Names of Officers and Directors	Street Address of Each Office and Executive (Do NOT Use Post Office Box Numbers)	City and State
P/S/D	HICKS, CLINT	178 NORTH KERSHAW WAY	INVERNESS, FL.
C	HICKS, CLINT	178 NORTH KERSHAW WAY	INVERNESS, FL.
V/T/D	HICKS, DEANDRA	178 NORTH KERSHAW WAY	INVERNESS, FL.

A. Name of Applicant: James Earl Ray

7. Name and Address of Current Recipient Agency:

Model A-30-1 199101 OF PO Box 14754182

LYVERS, DONNA L.
4553 EAST SHOREWOOD DRIVE
HERNANDO, FL 32642

Great Lakes (2004) Use PC health index?

City and County of Los Angeles

FI

Lucy Carter

1. Pursuant to the provisions of Sections 66(1)(3) and 66(1)(7) Foreign Exchange, the above term is interpreted as equivalent under the laws of the State of Florida, subject to the provisions of the Foreign Exchange Act, as amended, or any subsequent amendments thereto, in the State of Florida.

Case Report

[illegible]

0475

1. The Commission has received a request from the Government of the Republic of the Philippines for assistance in the form of a technical mission to study the feasibility of establishing a national system of higher education in the Philippines. The Commission has agreed to accept the request and to send a mission to the Philippines to study the feasibility of establishing a national system of higher education in the Philippines.

1. I hereby certify that the information indicated on this document is correct to the best of my knowledge and belief, and that I am not aware of any information that would cause this document to be false or misleading.

[Signature]

5-22-90

100-443885-100

Clint Hicks PRESIDENT 344-2674

ST. ANTHONY'S
HOSPITAL
BOSTON, MASS.

Certificate of Study

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

ANNUAL REPORT
1991



STATE OF FLORIDA
DEPARTMENT OF REVENUE
INVESTMENT CORPORATION

FILED

Read Instructions on Open Side Before Making Entry

FILING FEE OF \$61.25 REQUIRED

DOCUMENT # J26870 (2)

ZIP + 4 PRESORT

H & L MASONRY, INC.
178 NORTH KERSHAW WAY
INVERNESS, FL. 32650-9601

09/04/1986 59-2721814

\$8.75 Addition for a Carbon Copy of Receipt

P/S/D	HICKS, CLINT	178 NORTH KERSHAW WAY	INVERNESS, FL.
C	HICKS, CLINT	178 NORTH KERSHAW WAY	INVERNESS, FL.
V/T/D	HICKS, DEANDRA	178 NORTH KERSHAW WAY	INVERNESS, FL.

REGISTERED MAIL INFORMATION

LYVERS, CONNA L.
4555 EAST SHOREWOOD DRIVE
HERNANDO, FL 32642

FL

Deandra Hicks

Aug 11, 1991

Deandra Hicks

V.T.D

904-344-2671

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Addition for a Carbon Copy of Receipt

3. Should you wish to contribute to the Election Campaigns Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 22, 1993
REASON: FAILURE TO FILE ANNUAL REPORT AND PAY FRANCHISE TAX DUE TO STATE

1993



DOCUMENT # J26870 (2)

H & L MASONRY, INC.
P.O. BOX 1213
INVERNESS FL 34451

99 JUL 22 PM 3:30

08/04/1986 09/28/1992

59-2721814

FILING FEE
\$223.00

Annual Report \$61.25 + \$138.75 Corporation Supplemental Fee + \$23.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

P.O. BOX 1213

INVERNESS FL

34451

\$8.75 Additional
Fee Received

\$5.00
Additional
Fee

\$138.75
Fee Paid

Name and Address of Current Registered Agent

Name and Address of New Registered Agent

LYVERS, DONNA L.
2717 HWY 44 W.
INVERNESS FL 34450

FL

C
HICKS, CLINT
178 NORTH KERSHAW WAY
INVERNESS FL

V/T/D
HICKS, DEANDRA
178 NORTH KERSHAW WAY
INVERNESS FL

SIGNATURE:

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF REVENUE

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Corporation
H. S. L. MASONRY, INC.

DOCUMENT #
J26870 (2)

2. Principal Place of Business
P.O. BOX 1213
INVERNESS FL 34431

Principal Place of Business
P.O. BOX 1213
INVERNESS FL 34431

APPROVED
AND
FILED
31 APR - 1 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Quotation 08/04/1986		3a. Date of Last Report 07/20/1993	
4. FRT Number 59-2721814		5. Certificate of Status Payment \$0.75 Annual Fee ☐	
6. Certificate of Status Payment \$0.75 Annual Fee ☐		7. Temporary Exempt from \$100.75 Supplemental Fee ☐	
8. This corporation has liability for intangible tax under § 192.02, Florida Statutes ☒ Yes ☐ No		9. Election to Pay Franchise Tax ☐	
10. City & State Inverness FL		11. Country USA	

9. Name and Address of Current Registered Agent LYVERS, DONNA L. 2717 HWY 44 W. INVERNESS FL 34450		10. Name and Address of New Registered Agent 81 Name 82 Street Address P.O. Box Number if Not Applicable 83 84 City FL 85 Zip Code	
---	--	--	--

11. The undersigned, by executing this report, certifies that the above named corporation complies with the provisions of Sections 607.0502 and 607.1502 or Sections 617.0502 and 617.1502, Florida Statutes, the above named corporation submits this statement of changing its registered office or registered agent, or both, in the State of Florida. Such change will be authorized by the corporation's board of directors. The undersigned is the registered agent, I am authorized with, and accept the obligations of, Section 607.0502 or 617.0502, Florida Statutes.

DATE: _____
Signature of Registered Agent: _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS (if any)	
1. Name HICKS, CUNT	2. Title V/P	11. Title 12. Name 13. Street Address 14. City - State - Zip	
3. Name HICKS, DEANDRA	4. Title V/P	15. Title 16. Name 17. Street Address 18. City - State - Zip	
5. Name HICKS, DEANDRA	6. Title V/P	19. Title 20. Name 21. Street Address 22. City - State - Zip	
7. Name HICKS, DEANDRA	8. Title V/P	23. Title 24. Name 25. Street Address 26. City - State - Zip	
9. Name HICKS, DEANDRA	10. Title V/P	27. Title 28. Name 29. Street Address 30. City - State - Zip	

14. The undersigned, by executing this report, certifies that the above named corporation complies with the provisions of Sections 607.0502 and 607.1502 or Sections 617.0502 and 617.1502, Florida Statutes, the above named corporation submits this statement of changing its registered office or registered agent, or both, in the State of Florida. Such change will be authorized by the corporation's board of directors. The undersigned is the registered agent, I am authorized with, and accept the obligations of, Section 607.0502 or 617.0502, Florida Statutes.

SIGNATURE: Deandra Hicks 3/28/94 904-344 2674