Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90091 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **J76596**

1. Corporation Name

HOOKER'S PALLETS, INC.

| HOOKE | TO TALLETO, INO. | | | | | |
|--|--|---|----------------------------|---|---|-------------|
| Principal Place | of Business | Mailing Address | | | (1881118 Bill (Enio Sile) and diff bidly night aren aren and the | . 1441 |
| 7216 E. MARTIN LUTHER KING BLVD. | | 7216 E. MARTIN LUTHER KING BLVD. | | | | |
| P. O. BOX 174 (TAMPA, FL 33619) P. O. BOX 174 (TAM | | | | | | |
| BRANTON FL 33509 | | BRANTON FL 33509 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | |
| | | | | | 06/09/1987 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number Applied Fo. 50-2809534 Not Applie | |
| 21 | | 26 | | | 59-2809534 Not Applic S8.75 Addition | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired Fee Required | aı |
| 22 | | 27 City & State | | | | |
| City & State |) | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | |
| 23 | Country | Zip | Countr | | | \dashv |
| Zip | Country | ⊢ ' - | 一 | ′ | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes | |
| 24 | 25 | | 30 | | 10. Name and Address of New Registered Agent | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | | $\neg \neg$ |
| HOO | KER, CURTIS | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | CLOCK TOWER DRIVE #260 | | 82 | Street | t Address (P.O. Box Number is Not Acceptab <u>le)</u> | |
| | NDON FL 33510 | | 83 | | 08 Loma Linda CI | |
| Divi | NDON 1 E 000 10 | | " | | | |
| | | | 84 | City | Brandon FL 85 Zip Code 33 5 // | , |
| | | | | <u> </u> | | red |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statute: i Florida. Such change was au | s, the abov thorized by | e-named the como | d corporation submits this statement for the purpose of changing its registe poration's board of directors. I hereby accept the appointment as registered | 1 |
| agent. I ai | m familiar with, and accept the obligation | ons of, Section 607.0505, Flori | da Statute | 3. | • | 1 |
| SIGNATURE | | | | | | _ |
| | Signature, typed or printed name of registered agent | ., | | nt signature r | e required when reinstating) DATE DATE | 12 |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | ddition |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | | 1 |
| NAME | HOOKER, CURTIS | | 1.2 NAME | | and I ama Linda CT. | ļ |
| STREET ADDRESS | 108 CLOCK TOWER DR, #260 | | | TADDRESS | Brandon, Fl. 3351 | |
| CITY-ST-ZIP | BRANDON FL | | 1.4 CITY- | ST- ZIP | | ddition |
| TITLE | VT | ☐ DELETE | 2.1 TITLE | | i | .dutaoir |
| NAME | MCCLELLAN, KATHLEEN | | 2.2 NAME | | s 708 Loma Linda CT | |
| STREET ADDRESS | 108 CLOCK TOWER DR, #260 | | 2.3 STREE | TADORESS | s 708 Loma Zinoc C | |
| CITY-ST-ZIP | BRANDON FL | | 2.4 CITY- | ST-ZIP | Brandon, F1. 33511 | 1.194 |
| TITLE | S | ☐ DELETÉ | 3.1 TITLE | | ☐ Change ☐ A | ddition |
| NAMÉ | MCCLELLAN, TIMOTHY | | 3.2 NAME | | 1 IF No. | ļ |
| STREET ADDRESS | 1449 PINEY BRANCH CIR | | 3.3 STREE | TADORESS | Brandon, F1. 33511 | - 1 |
| CITY-ST-ZIP | VALRICO FL 33594 | | 3.4. CITY- | ST-ZIP | Brandon, F1. 33511 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ A | Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREE | TADORESS | ss | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | |
| TITLÉ | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ A | Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREE | TADORESS | s . | |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ A | ddition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | ss i | l |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP