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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K44072 (2)

1. Corporation Name
DEHOOKER, INC.

Principal Place of Business	Mailing Address
5920 N. OCEANSHORE BLVD. PALM COAST FL 32137	DEHOOKER INC PO BOX 352439 PALM COAST FL 32135-439 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1988
3a. Date of Last Report: 05/09/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 7 Cherokee Ave
City & State: 23 Palm Coast Fl
Zip: 24 32137 Country: 25 FLAGLER

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-2916852
☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEPHEN P. SAPIENZA, ESQ.
300 N. STATE STREET, P. O. BOX 635
BUNNELL FL 32110

10. Name and Address of New Registered Agent

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 _____ DATE
Signature required for printed name of registered agent and the president. (NOTE: Registered Agent signature required when reinstated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	VD ☑ Change ☐ Addition
NAME	CALNAN, ELMER F.	12 NAME	Annie M Swindle
STREET ADDRESS	859 VALENCIA RD	13 STREET ADDRESS	7131 Oakneurd
CITY-ST-ZIP	S. DAYTONA FL	14 CITY-ST-ZIP	Jax Fl 32211
TITLE	T	21 TITLE	T-D ☑ Change ☐ Addition
NAME	CALNAN, MARY E.	22 NAME	Pamela M Swindle
STREET ADDRESS	859 VALENCIA ROAD	23 STREET ADDRESS	5 Cherokee Ave # 17
CITY-ST-ZIP	S. DAYTONA FL	24 CITY-ST-ZIP	Palm Coast Fl 32137
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	SWINDLE, RAYMOND L.	32 NAME	700001517187
STREET ADDRESS	5 CHEROKEE AVENUE	33 STREET ADDRESS	-06/20/95--01038--025
CITY-ST-ZIP	PALM COAST FL	34 CITY-ST-ZIP	****225.00 ****225.00
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	SWINDLE, PAMELA M.	42 NAME	
STREET ADDRESS	5 CHEROKEE AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Pamela M Swindle Pamela M Swindle 6-2-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

904-446-1634
Daytime Phone #

0403714 FP