

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

**7 CHEROKEE AVE.
PALM COAST FL 32137**

Mailing Address

**DEHOOKER INC
PO BOX 352439
PALM COAST FL 32135-439
US**

3. Date Incorporated or Qualified 11/08/1988	3a. Date of Last Report 06/15/1995
4. FEI Number 59-2916852	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 5 Cherokee Ave Rt. 17	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Palm Coast Fl.	28
Zip	Country
24 32137	25 Flager
29	30

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

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINDLE, ANNIE M	1.2 NAME	Swindle, Annie M
STREET ADDRESS	7131 DALANEY RD.	1.3 STREET ADDRESS	7 Cherokee Ave Rt. 17
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	Palm Coast, fl 32137
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINDLE, PAMELA M	2.2 NAME	
STREET ADDRESS	5 CHEROKEE AVE. APT. 17	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINDLE, RAYMOND L.	3.2 NAME	
STREET ADDRESS	5 CHEROKEE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINDLE, PAMELA M.	4.2 NAME	
STREET ADDRESS	5 CHEROKEE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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 11-30-96 446-1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)