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 # K44072

DEHOOKER, INC.

FILED Jan 21, 1999 8:00am Secretary of State

01-21-1999 90001 027 ***150.00



Principal Place	e of Business	Mailing Address			LIBRIDIN S(I SISK SING DOCH (GRIS 1181 SINK SING SING SING SING SING
7 CHEROKEE A	VE	DEHOOKER INC			,
RT 17		PO BOX 352439			DO NOT WRITE IN THIS SPACE
PALM COAST F	L 32137	PALM COAST FL 32135-439 US			3. Date Incorporated or Qualifed
US		03			11/08/1988
O District D	lana of Business	2a. Mailing Address		· · · · -	4. FEI Number Applied For
 -	lace of Business	<u> </u>	lalling Address		
21	4	Suite, Apt. #, etc.			59-2916852 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.	une, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & Stat	^	City & State			
City & State		28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip Cour		,	8. This corporation owes the current year Intangible
	25	}ı '	30		Personal Property Tax.
24	9. Name and Address of Current		'1		10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Name	IV. realine and Address of New Augusta Agents
STEPHEN P. SAPIENZA, ESQ.				1401110	
300 N. STATE STREET, P. O. BOX 635			82	Street	Address (P.O. Box Number is Not Acceptable)
	NELL FL 32110	,	02		
DOM	NELL PL 32110		83		
			84	City	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	Jamelam Devi	ndle TD Y	dun	ela	m Swindle TD 1-5-99
	Signature, typed or printed name of registered agent		gistered Age	nt signature	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE		Change Addition
NAME	SWINDLE, ANNIE M		1.2 NAME		
STREET ADDRESS	9 CHEROKEE AVE RT 17	İ	1.3 STREE	TADORESS	
CITY-ST-ZIP	PALM COAST FL.		1.4 CITY-S	T-ZIP	
TITLE	TD .	☐ DELETE	2.1 TITLE		Change Addition
NAME	SWINDLE, PAMELA M		2.2 NAME		
STREET ADDRESS	7 CHEROKEE AVE RT 17		2.3 STREE	TADORESS	
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-5	ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SWINDLE, RAYMOND L.		3.2 NAME		
STREET ADDRESS	7 CHEROKEE AVE RT 17			TADORESS	
CITY-ST-ZIP	PALM COAST FL		3.4. CITY-5	ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SWINDLE, PAMELA M.		4. 2 NAME		
STREET ADDRESS	7 CHEROKEE AVE RT 17		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		4.4 CITY-ST-ZIP		
TITLE	TALIN SOMOTILE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
				TADORESS	
STREET ADDRESS			5.4 CITY-S		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME				T ADDDESS	
STREET ADDRESS	* *			TADDRESS	
C/TY-ST-ZIP			6.4 CITY-S	i I - 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.

GNATURE JOHN SUBSCIED TO 1-5-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Displine Phone

CR2E034 (11