Amended

~~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

FILED
99 APR 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # K53273

1-850-488-9000
1-850-487-6059

Corporation Name
HURLEY ENTERPRISES, INC.

Principal Place of Business
P O BOX 7
BALM FL 33503-7007

Mailing Address
P O BOX 7
BALM FL 33503-7007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1988
4. FEI Number: 59-2924127 — 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 owes the current year Intangible Personal Property Tax. [ ] Yes [ ] No

1. Principal Place of Business / Suite, Apt #, etc / City & State / Zip / Country 25
2a. Mailing Address 26 / Suite, Apt #, etc 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TRINKLE, ROBERT S.
121 NORTH COLLINS ST.
PLANT CITY FL 33566

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

TITLE	PD	[ ] DELETE
NAME	HURLEY, THOMAS F.	
STREET ADDRESS	12104 HWY 672E (BALM RD)	
CITY-ST-ZIP	BALM FL	
TITLE	SD	[ ] DELETE
NAME	ZEMBO, MARLENE D.	
STREET ADDRESS	6617 SIMMONS LOOP	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	[ ] Change [X] Addition
1.2 NAME	STEPHEN M. HURLEY	
1.3 STREET ADDRESS	12104 HWY 672 E. - POB 7	
1.4 CITY-ST-ZIP	BALM, FL 33503	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME	100002855551--8	
2.3 STREET ADDRESS	-04/28/99--01087--012	
2.4 CITY-ST-ZIP	*****61.25 *****61.25	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4/21/99

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.

SIGNATURE: Thomas F. Hurley — Marlene Zembo 4-9-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS F. HURLEY, PRES. 3-29-99 — MARLENE ZEMBO SECY
(813) 634-1486 Daytime Phone — SAME