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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L15658

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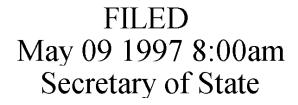
RUSSELL D. HUNT, P.A.

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Principal Place of Business

Mailing Address

142 FOXGLEN DR NAPLES FL 33942 142 FOXGLEN DR NAPLES FL 34104-5174



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								3. Date Incorporated or Qualified 09/11/1989	Last Roport <b>996</b>		
	lace of Business	2a, Maili	2a. Mailing Address				4. FEI Number		App	olied For	
21			26					65-0144696		Not	Applicable
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22			27	· · · · · · · · · · · · · · · · · · ·						Fee Re	quired
City & State			<u></u> ⊢¬ ′	City & State				6. Election Campaign Financing		5.00	
23			28	<u> </u>				Trust Fund Contribution		Added to	
Zip 24 34/	04 m	ountry	Zip			untry		8. This corporation has liability for i	ntangible tax ι Yes 🔲 Νο		199.032,
24 77	9 Name and 4	ddress of Curren	29 t Registered	Agent	30	1	<del></del>	Florida Statutes  10. Name and Address of New Re			
9. Name and Address of Current Registered Agent HUNT, RUSSELL D							81 Name				
NADI	Foxglen DR Les Fl <del>-03942*</del>					82 Street Address (P.O. Box Number is Not Acceptable)  83					
	100 FE 00942										
						84	City		FL 85	Zip C	ode
11 Purcuant	to the provisions of	Sections 607 050	2 and 607 150	OR Florida Statu	tos the	above	named co	reporation submits this statement for the p	urpose of char	34	rogictored
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.											
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	D DIRECTORS		18	·		ADDITIONS/CHANGES TO OFFIC			
TITLE	D HINT BUCCE	1 D		DELETE		TITLE			LJ (	Change	Addition
NAME	HUNT, RUSSEL 142 FOXGLEN					NAME	}				\
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CITY-ST-ZIP					6.4	CHY-S	1 · Z(P				

14. I do 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.

OLONIATURE.

R. S. Wish D. L.

11/20/07

GAI-102-111V