

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L39982

1. Entity Name  
HICKS OIL CO., INC.



Principal Place of Business

1390 N. CENTRAL AVE.  
P.O. BOX 237  
AVON PARK, FL 33825 US

Mailing Address

1390 N CENTRAL AVE  
P O BOX 237  
AVON PARK, FL 33825 US

FILED  
08 OCT 20 AM 10:31

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0164387

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKS, CLYDE D.  
1390 N CENTRAL AVE  
AVON PARK, FL 33825

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signatures, typed or printed names of registered agent and officer or director, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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HICKS, CLYDE, D  
1390 N CENTRAL AVE  
AVON PARK, FL ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Clyde D. Hicks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/08 863-453-8144  
Date Printing Name