

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90085 002 ***150.00

DOCUMENT # L57990

1. Corporation Name

R. L. HICKMAN, INC.



Principal Place of Business

15 SOUTH CELERY AVE
JACKSONVILLE FL 32236
US

Mailing Address

P.O. BOX 6159
JACKSONVILLE FL 32236-6159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1990

4. FEI Number

59-2998380

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

2. Principal Place of Business

21 10952 W. Beaver St.
Suite, Apt. #, etc.

2a. Mailing Address

26 10952 W. Beaver St.
Suite, Apt. #, etc.

City & State

23 Jacksonville, FL
Zip Country

City & State

28 Jacksonville, FL
Zip Country

24 32220 25 Duval

29 32220 30 Duval

9. Name and Address of Current Registered Agent

HICKMAN, RICHARD L.
1702 LINDSEY RD.
SUITE 2
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81 Name

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

10952 W. Beaver St.

84 City Jacksonville

FL

85 Zip Code

32220

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 HICKMAN, RICHARD L.
STREET ADDRESS 1702 LINDSEY RD, STE. 2
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE
NAME SMITH, RICKY L
STREET ADDRESS 1702 LINDSEY RD SUITE 2
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☒ DELETE
NAME HICKMAN, RICHARD M
STREET ADDRESS 1702 LINDSEY RD SUITE 2
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ DELETE
NAME LANE, SHELLEY
STREET ADDRESS 1702 LINDSEY RD SUITE 2
CITY-ST-ZIP JACKSONVILLE FL

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10952 W. Beaver St.
1.4 CITY-ST-ZIP Jacksonville, FL 32220

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10952 W. Beaver St
2.4 CITY-ST-ZIP Jacksonville, FL - 32220

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 10952 W. Beaver St.
4.4 CITY-ST-ZIP Jacksonville, FL 32220

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

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/99 (904) 781-8668

CR2E034 (1/198)