FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L68293 (4)

1. Corporation Name

D & J HUNTER CORP.

Principal Place of Business	Mailing Address
C/O JOSHUA A. MUSS 11781 LEE JACKSON HWY, STE 320 FAIRFAX VA 22033	C/O JOSHUA A. MUSS 11781 LEE JACKSON HWY, STE 320 FAIRFAX VA 22033

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1990
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21 ; Suite, Apt. #, etc. — 22 ; City & State — 23 ; Zip — 24 ; Country — 25

2a. Mailing Address — 26 ; Suite, Apt. #, etc. — 27 ; City & State — 28 ; Zip — 29 ; Country — 30

4. FEI Number: 65-0200646 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MUSS JOSHUA A
8311 BOB-O-LINK DR
W PALM BCH FL 33412

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	D
NAME	MUSS, DIANA LYNN
STREET ADDRESS	8311 BOB-O-LINK DR
CITY-ST-ZIP	W PALM BCH FL
TITLE	DP
NAME	MUSS, JOSHUA A.
STREET ADDRESS	8311 BOB-O-LINK DR
CITY-ST-ZIP	W PALM BCH FL
TITLE	VP
NAME	WEBBER, DAVID F.
STREET ADDRESS	8290 BOB-O-LINK DR
CITY-ST-ZIP	W PALM BCH FL
TITLE	ST
NAME	DENNEN, MARVIN L.
STREET ADDRESS	11781 LEE JACKSON MEM HWY
CITY-ST-ZIP	FAIRFAX VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] MARVIN L. DENNEN 4/13/95 (703) 591-1881
Signature and typed or printed name of officer or director / Date / Daytime Phone #

0000000 CP