

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L68293 (4)

1. Corporation Name

D & J HUNTER CORP.

Principal Place of Business

C/O JOSHUA A. MUSS
11781 LEE JACKSON HWY. STE 320
FAIRFAX VA 22033

Mailing Address

C/O JOSHUA A. MUSS
11781 LEE JACKSON HWY. STE 320
FAIRFAX VA 22033



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/26/1990

3a. Date of Last Report

04/28/1995

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, if not applicable

2007: Registered Agent Signature required when installing

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MUSS, DIANA LYNN
STREET ADDRESS 8311 BOB-O-LINK DR
CITY-STATE-ZIP W PALM BCH FL ☐ DELETE

TITLE DP
NAME MUSS, JOSHUA A.
STREET ADDRESS 8311 BOB-O-LINK DR
CITY-STATE-ZIP W PALM BCH FL ☐ DELETE

TITLE VP
NAME WEBBER, DAVID F.
STREET ADDRESS 8290 BOB-O-LINK DR
CITY-STATE-ZIP W PALM BCH FL ☐ DELETE

TITLE ST
NAME DENNEN, MARVIN L.
STREET ADDRESS 11781 LEE JACKSON MEM HWY
CITY-STATE-ZIP FAIRFAX VA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 (703) 591-1881
Date: Filing Phone #

CR2E034 (12/95)