File on or before May 1, 1998 or subject to a \$ 400.00 LATE FEE		npany will be	
LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham		FILED	
Secretary of State 1998 DIVISION OF CORPORATIONS			98 NOA -5 WH IO: 30-
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			SECRETARY OF STATE TALLAHASSEE, FLORIDA
	MENT # L940000		I ALLAHASSEE, I ESKIDA
HUNTCO MANAGEMENT, L.C. ROUTE 17, BOX 804 LAKE CITY FL 32055			1a. Principal Place of Business Address ROUTE 17, BOX 804 LAKE CITY FL 32055
2. Principal Place of Business	2a. Mailing Address		3. Date Organized or Qualified 3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.		06/01/1994 FL 4. FEI Number Applied For
Člty & State	City & State		59-3260651 Not Applicable
Žip Country	Zip Couni	try	Date of Last Report 6. Certificate of Status Desired 88,75 Additional Fee Required
7. Name and Address of Current	Registered Agent	8. N	01/27/1997 Name and Address of New Registered Agent/Office
COLEMAN, C R 9250 BAY MEADOWS RD SUITE 230 JACKSONVILLE FL 32256 9. Pursuant to the provisions of Sections 608.416 a	and 608.508, Florida Statutes, the a	Suite, Apt. #, etc. City LAKE (AKE GTY AVENUE Zip Code 32.055 liability company submits this statement for the purpose of changing
as registered office or registered agent, or both, in the as registered agent, and accept the obligations. SIGNATURE	State of Florida. Such change was a	utnorized by attirmat	tive vote of a majority of the members. I hereby accept the appointment
	Appointment) (NOTE, Registered Agent signature) Busine	re required when reinstating) ess Street Address	
MGRM COLEMAN, ALLEN D 500 ACL ROAD		OAD	LAKE CITY FL
MGRM HUNT, DARRELL W	RT 4 BOX	652B	DOCO 2581459—1 90002581459—1 -11/05/98—01085—001 ****188.75 ****188.75
indicated on this annual report is true and accurate at	nd that my signature shall have the :	same legal effect as i	ction 119.07(3) (i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the 08, Florida Statutes; and that my name appears in Block 10, or on an QDH-752.

SIGNATURE: √

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

V10-28-98

V660 Daytime Phone #

late___

APPRAISAL SERVICES

Huntco Management

405 Lake City Avenue Lake City, Florida 32055

(904) 752-1660 • Fax (904) 758-1668

October 28, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re: Huntco Management, L.C. 405 Lake City Avenue Lake City, Fl. 32055

As per my conversation with Nanett in your office, I have enclosed the \$188.75 for the reinstatement of the limited liability company of HUNTCO MANAGEMENT, L.C.. The post office changed our address to the new 911 number and subsequently stopped forwarding our mail. Thank your for your assistance in this matter.

Sincerely,

Darrell W. Hunt