


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L94000000251**

HUNTCO MANAGEMENT, L.C.
~~ROUTE 17, BOX 804~~ 405 Lake City Ave.
LAKE CITY FL 32055

1a. Principal Place of Business Address
~~ROUTE 17, BOX 804~~ 405 Lake City Ave.
LAKE CITY FL 32055

2. Principal Place of Business
405 Lake City Ave.
Suite, Apt. #, etc.

2a. Mailing Address
Same
Suite, Apt. #, etc.

3. Date Organized or Qualified
06/01/1994

3a. State of Formation
FL

City & State
Lake City FL
Zip
32055
Country
Columbia

City & State
Zip
Country

4. FEI Number
59-3260651

☐ Applied For
☐ Not Applicable

5. Date of Last Report
11/02/1998

6. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent
HUNT, DARRELL W
405 LAKE CITY AVENUE
LAKE CITY FL 32055

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. 200002857062
City -04/29/99--01103--003
****1283p45 ****188.75
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's name must be printed when accepting)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	COLEMAN, ALLEN D	500 ACL ROAD	LAKE CITY FL
MGRM	HUNT, DARRELL W	RT 4 BOX 652B Rt. 17 Box 804	LAKE CITY FL 32055

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPE OF OFFICE OF PERSON OR FIRM EMPLOYED BY AS REGISTERED AGENT