

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121181

1. Corporation Name

HESSROCK INVESTMENTS NO. 1, INC.

Principal Place of Business

5960-2 BEACH BOULEVARD
JACKSONVILLE FL 32207

Mailing Address

12931 TREE WAY LANE
JACKSONVILLE FL 32258

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

80-0004165

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	HESS, JOHN L	2420 CAMDEN LAKE VIEW, N.W.	ACWORTH GA 30101
VS	ROCKWELL, ANDY	12931 TREE WAY LANE	JACKSONVILLE FL 32258
PT	ROCKWELL, ANDY	12931 TREE WAY LANE	JACKSONVILLE, FL 32258
VS	HESS, JOHN L	2429 CAMDEN LAKEVIEW, N.W.	ACWORTH, GA 30101

500008671065
10/29/02--01103--010 **150.00

8. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE FL 32256-1813

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/24/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUSSELL ANDY ROCKWELL

10-25-02

904-366-6800

Date

Daytime Phone #

CR2E040 (8/02)

HessRock Investments No.1, Inc.

12931 Tree Way Lane
Jacksonville, FL 32258

Phone (904) 396-6800
Fax (904) 396-6828

October 24, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern,

Please be informed that the prior UBR notices were not received.

Document# PD000121181

Sincerely,



Russell "Andy" Rockwell
President /Treasurer
HessRock Investments No.1, Inc.

cc: John L. Hess, VS