

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 17 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000088433

1. Entity Name

H & G ENTERPRISES OF JACKSONVILLE, INC.



Principal Place of Business

8850 CORPORATE SQ. CT.
JACKSONVILLE, FL 32216

Mailing Address

8850 CORPORATE SQ. CT.
JACKSONVILLE, FL 32216



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

14-1842789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AKEL, DANIEL D ESQ.
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

700029323447
02/24/04--01060--022 **150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOOK, BONNIE J
STREET ADDRESS 1789 RED CYPRESS DR.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D
NAME GRAY, DAVID F
STREET ADDRESS 8850 CORPORATE SQ. CT.
CITY-ST-ZIP JACKSONVILLE, FL 32216

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IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/04

904-880-0200