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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P03950

1. Corporation Name
HULL DEVELOPMENT ENTERPRISES, INC.



Principal Place of Business RR 1 BOX 770 EAST DORSET VT 05253 US	Mailing Address RR 1 BOX 770 EAST DORSET VT 05253 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 376 WINDWARD HILL	2a. Mailing Address 26 376 WINDWARD HILL	3. Date Incorporated or Qualified 11/05/1984	4. FEI Number 11-2690429	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State EAST DORSET, VT	28 City & State EAST DORSET, VT	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 05253-9644 25 Country USA	29 Zip 05253-9644 30 Country USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
HULL, JO ANN
125 BRIAN ROAD
MARATHON FL 33050

10. Name and Address of New Registered Agent
 81 Name **HULL, JO ANN**
 82 Street Address (P.O. Box Number is Not Acceptable)
111 BRIAN ROAD
 83
 84 City **MARATHON** FL 85 Zip Code **33050**

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 *Jo Ann Hull, President* **JO ANN HULL, PRESIDENT** 1/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HULL, JO ANN	
STREET ADDRESS	RR 1 BOX 770	
CITY-ST-ZIP	EAST DORSET VT 05253	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	HULL, JOHN S.	
STREET ADDRESS	RR 1 BOX 770	
CITY-ST-ZIP	EAST DORSET VT 05253	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HULL, JOHN S.	
STREET ADDRESS	RR 1 BOX 770	
CITY-ST-ZIP	EAST DORSET VT 05253	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	376 WINDWARD HILL
1.4 CITY-ST-ZIP	05253-9644
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	376 WINDWARD HILL
2.4 CITY-ST-ZIP	05253-9644
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	376 WINDWARD HILL
3.4 CITY-ST-ZIP	05253-9644
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jo Ann Hull* **REQUIRED** 1/9/99 (802) 362-0441 (305) 289-3145
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)