

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90548 026 ***150.00

DOCUMENT # PA0000008532

1. Entity Name

HNB CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

550 Water Street

Suite, Apt. #, etc.

412

City & State

Jacksonville, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

32202

Country

USA

Zip

Country

4. FEI Number

86-1093265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROSS T. CLARK, ATTORNEY

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

1558 SAN MARCO BLVD.

City

JACKSONVILLE

FL

Zip Code

32207

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Margarita T. Hyslop 5510 Royce Avenue Jacksonville, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Edward H. Hyslop 5510 Royce Avenue Jacksonville, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Margarita T. Hyslop

MARGARITA T. HYSLOP, PRES.

1/31/05 (904) 354-0042

Date

Daytime Phone #

CR2E034B (12/02)