


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12594** (8)

1. Corporation Name  
**HUNTER FAN COMPANY**

Principal Place of Business <b>2500 FRISCO AVENUE MEMPHIS TN 38114</b>	Mailing Address <b>2500 FRISCO AVENUE MEMPHIS TN 38114-4817</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/19/1986</b>	3a. Date of Last Report <b>04/23/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>62-1218702</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>WINTERS, GARY KENROY INTERNATIONAL 11660 CENTRAL PARKWAY JACKSONVILLE FL 32216</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEASLEY, ROBERT E JR</b>	1.2 NAME	
STREET ADDRESS	<b>2500 FRISCO AVENUE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MEMPHIS TN</b>	1.4 CITY- ST- ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARVEY, KENNETH P</b>	2.2 NAME	
STREET ADDRESS	<b>2500 FRISCO AVENUE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MEMPHIS TN</b>	2.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, BEN C JR</b>	3.2 NAME	
STREET ADDRESS	<b>165 MADISON AVE</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MEMPHIS TN</b>	3.4 CITY- ST- ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEACH, HOWARD H</b>	4.2 NAME	
STREET ADDRESS	<b>101 CALIFORNIA ST 4310</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>SAN FRANCISCO CA</b>	4.4 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMICKING, HENRY C.</b>	5.2 NAME	
STREET ADDRESS	<b>25 ECKER ST 800</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>SAN FRANCISCO CA</b>	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDGREN, DOUGLAS</b>	6.2 NAME	
STREET ADDRESS	<b>871 RIDGEWAY LOOP RD SUITE 108</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MEMPHIS TN</b>	6.4 CITY- ST- ZIP	

14. 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 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.

SIGNATURE: *Kenneth P. Garvey* **Kenneth P. Garvey** 4/14/97 (901) 745-9313  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)