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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILED Jan 22 1998 8:00am Sacretory of State

	1998	DIVISION OF CO	DRPORATIONS	Secretary	or State
1. Corporate		38 (2)		7	
HOOF	NG SYSTEMS, INC.				#1214 2424 10000 #1214 1816
Principal Place	no of Business	Mailing Addross			
	ce of Business	Mailing Address % JAMES A. SCONYERS		į	
% JAMES A. SCONYERS % JAMES A. SCONYERS 1508 BIG BEAR CIRCLE 1508 BIG BEAR CIRCLE					
BRIMINGHAN	A AL 35215-5140	BRIMINGHAM AL 35215-514	0	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 03/02/1990	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number 63-0847310	Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22	•	27	_	5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Count	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip 3	Country 0	This corporation owes or has paid the cu Personal Property Tax due June 30,	rrent year Intangible ☐ Yes X No
24	9, Name and Address of Curre		<u> </u>	10. Name and Address of New Registered	
PE	TERSEN, JEFFREY		81 Name		
6452 CAVALCADE TRAIL			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32308			Ou eer Addit		
			83		
			84 City		85 Zip Code
			1 1	FL	_
11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Statutes e of Florida. Such change was au	, the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent, I a	am familiar with, and accept the obliq	gations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable, (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TOTLE		Change Addition }
NAME	SCONYERS, JAMES A. 1508 BIG BEAR CIR.		1.2 NAME		2
STREET ADDRESS	BIRMINGHAM AL		1.3 STREET ADDRESS		ပြည်
CITY+ST-ZIP TITLE	VSD VSD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition C
NAME	SCONYERS, LYNDA HAUN	E DELETE	2.2 NAME		C ontaining C Mutation /
STREET ADDRESS	1508 BIG BEAR CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
		DELETE	6.1 TITLE		Change Addition
TITLE		CT DECEIS	0.7 1.122		
NAME		[] Deceie	6.2 NAME		

I nereby 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 informatio 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!

URE BEQUIRED

12-13-98 205/681-1864 Date Obstime Phone # 0497963