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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000023119

Corporation Name

HURST PROPERTIES, INC.

Principal	Place	of	Business
rincipai	riace	0,	Dualificaa

Mailing Address

FILED Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90021 019 ***550.00



517 MARKET ST 517 MARKET ST OSAGE CITY KS 66523 OSAGE CITY KS 66523 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/26/1993 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 7518 5. 59-3189760 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required AUGUSTINE City & State \$5.00 May Be 6. Election Campaign Financing 32086 Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year Intangible No ☐ Yes 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PELLICER, CHARLES E 82 Street Address (P.O. Box Number is Not Acceptable) 28 CORDOVA ST ST AUGUSTINE FL 32084 83 85 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Addition ☐ DELETE 1.1 TITLE ☐ Change TITI F HURST, EARL 12 NAME NAME **7518 A1A SOUTH** 1.3 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32084 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 2.1 TITLE TITLE

HURST, FRANCEY 2.2 NAME NAME 7518 A1A SOUTH STREET ADDRESS 2.3 STREET ADDRESS ST AUGUSTINE FL 32084 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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)(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 frustee 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.

BARL A HURST Pres. 6-9-99 904-471-4179 SIGNATURE: SIGNATURE AND TAPES OR PRINTED NAME OF SIGNING OF

CR2E034 (11/98)