FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:14

DOCUMENT # **P93000059524 (7)**

1. Corporation Name

HINSON BEACH, INC.

Principal Place of Business	Mailing Address
13253 MORNING SUN DR. JACKSONVILLE FL 32225 US	13253 MORNING SUN DR. JACKSONVILLE FL 32225 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1993
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 2136 Rio Mar Ct.
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, Fl.
24: Zip: 32224
25: Country: Duval

2a. Mailing Address
26: 2136 Rio Mar Ct.
27: Suite, Apt. #, etc.
28: City & State: Jacksonville, Fl.
29: Zip: 32224
30: Country: Duval

4. FEI Number: 59-3202030 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOUSTON, CLARENCE H JR
200 W FORSYTH ST
SUITE 1600
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	☑ Change ☐ Addition
1 NAME	HINSON, CHARLES R	1 NAME	
1 STREET ADDRESS	13253 MORNING SUN DR.	1 STREET ADDRESS	2136 Rio Mar Ct.
1 CITY ST ZIP	JACKSONVILLE FL 32225	1 CITY ST ZIP	Jacksonville, Fl. 32224
2 TITLE	D	2 TITLE	☐ Change ☐ Addition
2 NAME	BEACH, WALTER R	2 NAME	
2 STREET ADDRESS	2631 STRATTON RD	2 STREET ADDRESS	
2 CITY ST ZIP	JACKSONVILLE FL 32221	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, if changed, or on an attachment with an address.

SIGNATURE: Charles Hinson — Charles Hinson — 1-12-95 — 904-646-5242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023877 CP