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FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90060 040 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
HINSON BEACH, INC.

Principal Place of Business
2136 RIO MAR CT.
JACKSONVILLE FL 32224
US

Mailing Address
2136 RIO MAR CT.
JACKSONVILLE FL 32224
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3202030

Applied For
Not Applicable

Zip Country

Country

Zip Country

Country

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

6. Name and Address of Current Registered Agent
HOUSTON, CLARENCE H JR
200 W FORSYTH ST
SUITE 1600
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE [Signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME HINSON, CHARLES R
STREET ADDRESS 2136 RIO MAR CT.
CITY-ST-ZIP JACKSONVILLE FL

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME BEACH, WALTER R
STREET ADDRESS 2631 STRATTON RD
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JAN-4-01 904-509-4309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)