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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000087329

1. Corporation Name

HUNTER MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address					I (####################################
SARASOTA FL 34236 SA		1901 MORRILL ST. Sarasota Fl. 34236 US	SARASOTA FL 34236		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 12/21/1993
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					65-0463782 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22 27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 28					Trust Fund Contribution Added to Fees
Zip	Country 25	Zip Coun 29 30			8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curren		- T		10. Name and Address of New Registered Agent
	3. Hallio and Address of Sarres	Trought and Transport	81	Name	
BRA	DLEY, STEVEN R.		82	<u> </u>	(CO D. N. N. A.
1901 MORRILL ST.				Street	t Address (P.O. Box Number is Not Acceptable)
SARASOTA FL 34236			83		
	,				
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				-named	d 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 nereby 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 ager	nt and title if applicable. (NOTE: F	Registered Ager	nt signature r	a required when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDST	☐ DELETE 1.11			☐ Change ☐ Addition
NAME	BRADLEY, STEVEN R. 12		1.2 NAME		
STREET ADDRESS	1901 MORRILL ST.		1.3 STREET	ADDRESS	3
CITY-ST-ZIP	04040074 51		1.4 CITY-S	T-ZIP	
TITLE	٧	☐ DELETE	2.1 TITLE		Change Addition
NAME	KEEN, GAYLE A.		2.2 NAME		
STREET ADDRESS	LANCE MACRONIAL OF		2.3 STREET	ADDRESS	S .
CITY-ST-ZIP) CARACOTA EL		2. 4 CITY-S		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		S
1	3112173312		3.4. CITY-9		
TITLE		☐ DELETE			Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	s
CITY-ST-ZIP			4.4 CITY-S		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
1				ADDRESS	s
STREET ADDRESS			5.4 CITY-S		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
, HUWIL					ı

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP