FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham . Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 P94000029499 (8) **DOCUMENT #** Corporation Name HUTTON INDUSTRIES, INC. Mailing Address Principal Place of Business P O BOX 537 37045 COTTON RD EUSTIS FL 32727 EUSTIS FL 32726 3a. Date of Last Report 3. Date Incorporated or Qualified 06/01/1995 04/15/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3222219 25 P & Box 21 37045 50 \$8.75 Additional Suite, April, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required \$5.00 May Be 6. Election Campaign Financing Oty & Stat Added to Fees Trust Fund Contribution **:**vs\ 8. This corporation has liability for intangible tax under s. 199.032. Country Yes 🔲 No Florida Statutes 72' 36 | 25 | Lake | 29 | 307. 9. Name and Address of Current Registered Agent 30 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HUTTON, RUSSELL O 1054 AARON DRIVE 83 **DELTON FL 32725** Zip Code 84 City 11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or edistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am faithful with, and accept the obligations of, Soction 607.0506, Florida Statutes. 3-5-96 SIGNA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS DELETE 1.1 TUGE 1.2 NAME HUTTON, RUSSELL O NAME 13 STREE! ADDRESS 1054 AARON DRIVE STREET ADDRESS 1.4 City - \$1 - ZiP **DELTON FL 32725** Addition CITY - ST - ZIP Change DELETE 2 1 1 JULE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP Addition ____ Change CITY - S1 - ZIP DELFIE 3 1 100.6 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CHY-S1 7F Addition Change CITY - \$1 - 7/P DELETE 4 1 1/ftE TITLE 4.2 NAME NAM: 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST 20P neit bbA CITY-ST-ZIP DELETE 5 1 TITLE TIFLE 5.2 NAME 600001788556 NAME 5.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I write 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 trusted enipowered 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

5 4 CITY - STaZIP

6.3 STREET ADDRESS

6 1 THE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIF

TITLE

NAME

22

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1-15-9/ 352-357-1065

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