

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000037248 (9)

95 MAY -1 PM 1: 50

1. Corporation Name

HUNT'S END ENTERPRISES, INC.

Principal Place of Business

1660 BLACKWELDER RD.
DELEON SPRINGS FL 32130

Mailing Address

1660 BLACKWELDER RD.
DELEON SPRINGS FL 32130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4200 ORLANDO DR

26 P.O. BOX 1576

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SANFORD, FL.

28 MOUNT DORA, FL.

24 32771

25 32757

29 32757

30 U.S.A.

4. FBI Number

59-3244502

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$9.75 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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

KIRK T. BAUER

82 Street Address (P.O. Box Number is Not Acceptable)

223 S. WOODLAND BLVD

83

84 City

DELAND,

FL

85 Zip Code

32721

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 of typed or printed name of registered agent and file if applicable

NOTE: Registered Agent signature required when reappointing

DATE

2/24/95

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT / TREASURER	☒ Change ☐ Addition
12 NAME	JOHN H. COLVIN, JR.	
13 STREET ADDRESS	311 RACHELLE APT 837	
14 CITY ST ZIP	SANFORD, FL., 32771	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/95

407 323 2711

Signature Page 2