**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000084795

1. Corporation Name

City & State

23

24

Zip

**HUNNICUTT, JASPER W** 

CARL & JACK INVESTIMENTS, II	NC.
Principal Place of Business	Mailing Address
900 SUNCREST LANE ENGLEWOOD FL 34223	900 SUNCREST LANE ENGLEWOOD FL 34223
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

28 Country Country Zip 30 29

9. Name and Address of Current Registered Agent

City & State

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90086 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

12M6

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

11/17/1994 4. FEI Number

- 65-0539134

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

900	900 SUNCREST LANE				82 Street Address (P.O. Box Number is Not Acceptable)					
ENG	LEWOOD FL 34223		83							
						==1 -				
			84	City	FL	85 7	Zip Code			
44. Durante the envision of Services 607 0502 and 607 1509. Elected Statutes the above named cornoration submits this statement for the purpose of changing its registers								ered		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							<del></del>			
12. OFFICERS AND DIRECTORS 13.										
TITLE	D	☐ DELETE	1.1 TITLE			_ Chai	nge 🔲	Addition		
NAME	WEAVER, ELBERT C		1.2 NAME					- [		
STREET ADDRESS	POST OFFICE BOX 867 N/A		1.3 STREET	ADDRESS						
CITY-ST-ZIP	ENGLEWOOD FL 34295-0867		1.4 CITY-ST	r-ZiP						
TITLE	D	☐ DELETÉ	2.1 TITLE			Cha	nge 🔲 .	Addition		
NAME	HUNNICUTT, VIRGINIA N		2.2 NAME							
STREET ADDRESS	900 SUNCREST LANE	** **	2.3 STREET	ADDRESS		-	•	- ~		
CITY-ST-ZIP	ENGLEWOOD FL 34223		2. 4 C/TY-S	T-ZIP						
ΠΠLE	D	DELETE	3.5 TITLE		. [	Cha	nge 🗀	Addition		
NAME	HUNNICUTT, JASPER W		3.2 NAME					ĺ		
STREET ADDRESS	900 SUNCREST LANE		3.3 STREET	ADDRESS						
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 TITLE			Cha	nge 🔲	Addition		
NAME			4. 2 NAME	}				į		
STREET ADDRESS			4.3 STREET	ADDRESS				{		
CITY-ST-ZIP			4.4 CITY-ST	Γ-ZIP						
TITLE		☐ DELETE	5.1 TITLE		Γ	Cha	nge 🗌	Addition		
NAME			5.2 NAME					Ì		
STREET ADDRESS			5.3 STREET	ADDRESS				}		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE AND	State of Section 5 Francis Contraction	☐ DELETE	6.1 TITLE			_ Cha	nge ∐	Addition		
	ALCOHOLOGICAL STATE OF THE STAT		6.2 NAME		•					
STREET ADDRESS	新说。 (2007年)		6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY-S			M *	u- :			
14. I hereby o	ertify that the information supplied with this filing do	es not qualify for the	e exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I further certify	/ that oath∷	ine intorma that Lam a	สเเดท เก		

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npowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in dress, with all other like empowered. officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address,