FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000086636 (5) HOT TINT INC.

FILED Apr 21 1998 8:00am Secretary of State



				!	
Principal Place	of Business	Mailing Address			
RT. 3, BOX 29 RT. 3, BOX 29					
LIVE OAK FL 32080 LIVE OAK FL 32080				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/28/1994	
Principal Place of Business 2a. Mailing Address			- 1 1	4. FEI Number	Applied For
27 1368 E HOWARD ST 28 1368 E. HOW			oward 57	T 59-3278556	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Live Onto		t c	5, Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 1-148	UAK FC	28 DIVE O	ak FL	Trust Fund Contribution	Added to Fees
一 ろへ	Country	Zip	Country	8. This corporation owes or has paid the	
24 0 <i>0</i> 0	9. Name and Address of Curre		0]	Personal Property Tax due June 30. 10. Name and Address of New Registers	
00/		ent Registered Agent	81 Name	10. Hatto and Address of Heat Hagiston	75 Agont
10000 70DD CT					
LIVE OAK FL 32060					
			83		
			84 City	F	85 Zip Code
Present to the previsions of Sections 607 0502 and 607 1508 Elevida 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, Soction 607.0505, Florida Statutes.					
SIGNATURE Signature: typod or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	Prattt, Denise		1.2 NAME		İ
STREET ADDRESS	10883 73RD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DEFELE	2.1 TITLE		Change Addition
NAME	AGUILAR, RAYMONO		2.2 NAME	·	
STREET ADDRESS	3941 SW 17TH LN #G		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	I Deleve	2. 4 CITY - ST - ZIP		Change Addition
TIFLE		[] DELETE	3.1 TITLE		Citariae Cityoquon
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	1.50	Change Addition
NAME		_ 0	4.2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		DELETE	51 TITLE	, 100 A	Change Addition
NAME		 ·	5 2 NAME		•
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
44 Lhereby	portify that the information supplied	with this filing does not qualify for	the exemption stated i	in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information

indicated on this annual report of supplied with this ming doors not qualify in the exemptor stated in section 1.19.0 (o)(f), i folial statutes. I note certify that if an 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 grianged, or on an attachment with an address.