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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUM 1. Corporation I	MENT # P940	000936	44 (0)						
JOANI	NE HUNDLEY, INC.	Muling Adoress 325 S LAKE AVE LAKE BUTLER FL 32054 3. Date incorporated or Qualified 3a. Date of Last Report 01/01/1995 4. FEI Number 26 Soute, Apt. #, otc 27 City & State City & State Country 8. The comparation has liability for intangible tax under s. 199.032, Florida Statutes. The proposal appropriation submits this statement for the purpose of changing the registered Agent. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Tip Code 85 Tip Code 86 Tip South Address of New Registered Agent. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 85 Zip Code 86 City Street Address (P.O. Box Number is Not Acceptable) 87 Sign Code 88 Tip Code 89 Sign Code 80 City Street Address (P.O. Box Number is Not Acceptable) 89 Sign Code 80 City Street Address (P.O. Box Number is Not Acceptable) 80 City Street Address (P.O. Box Number is Not Acceptable) 80 City Street Address (P.O. Box Number is Not Acceptable) 80 City Street Address (P.O. Box Number is Not Acceptable) 80 City Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City Code 84 City FL 85 Zip Code 85 Zip Code 86 City Street Address (P.O. Box Number is Not Acceptable) 86 City Street Address (P.O. Box Number is Not Acceptable) 87 City Street Address (P.O. Box Number is Not Acceptable) 88 City Office Intervention of City Interventio							
Principal Place of Business Muling Address						F 18.011.003 110 (0141 Asbit 3	78 171 4 8 711 4	8)11 88118 18788 11110 9	1391 818 11 WEET 1881
325 S LAKE LAKE BUTLE									
						· ·	lified 3	Ja. Date of Last R	eport
2. Principal Plac	ce of Business	2a. Mailing Ad	ddress					,	Applied For
21						59-3286	24,		
Suite, Apt. #,	, etc.	h	#, etc			5. Certificate of Status Desir	ed [
22		and the same of				# Etroting Consuming Figure			
City & State		F-1	-1 ·						-
Zip	Country			ountry			tv for intai		
24	25	n	30			_ I			
	9. Name and Address of Curr	ent Registered Age	nt	Ţ,		10. Name and Address of I	lew Regi	stered Agent	
				81	Name				
	EY, JOANNE			82	Street Addr	ress (P.O. Box Number is Not Acc	ceptable)		
	AKE AVE			B3					
LAKE B	KUTLER FL 32054			100					
				84	City	SAME 1 - 1		65 Zı	ρ Code
11. Pursuant to or registere familiar with	the provisions of Sections 607.05 d agent, or both, in the State of Fire, and accept the obligations of Se	02 and 607.1508, Flo orida: Such change w oction 607.0505, Flori	or da Statutes, the at vas authorized by the da Statutes.	oorp	named corpor oration's boar	ration submits this statement for t rd of directors. Thereby accept th	he purpos e appoint	se of changing its in mient as registered	registered office Lagent. Lam
SIGNATURE _	The object to a single day of each ball to	on Front Halle of London	water Course					201	
12.					carg a se espara		5 OFFICE		DRS IN 12
TITLE	PD		DEL e te 1.1	THLE	T			Change	Addition
NAME	HUNDLEY, JOANNE		12	NAME					
\$TREET ADDRESS	325 S LAKE AVE		1.3	STHEET	ADORESS				
CITY-ST-ZIP	LAKE BUTLER FL 32054		THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO	CITY-S	T - ZIP				
TITLE			DELETE 2 1	TITLE				Change	Addition
NAME									
STREET ADDRESS									
CITY-ST-ZIP			with the course we committee to be a		[- ZI ^p	-		[Chacco	[] Addition
TITLE		U						☐ Change	☐ variation
NAME STREET ADDRESS					ADDRESS				
CITY-ST-ZIP									
TITLE		· · · · · · · · · · · · · · · · ·		UTY-S TILE	1.2"	., •		☐ Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY - S					
TITLE			DELETE 5 1	TITLE				Change	Addition
NAME		•	52	NAMa					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	F-ZIP				
TITLE				Talle				☐ Change	Add tian
NAME				NAM:					
STREET ADDRESS			.		ADDRESS				
CITY-ST-7IP			6.4	CIY S	1.7.9				

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and dues not qualify for the exemption stated in Section 119.07(3)(4). Fiorida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and ancurate and trut my signature shall have the same legal effect as it 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 Later Hundley
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

5/7/96 9044963817