Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90033 015 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057328

JOSEPH	S. HULL, INC.								
Principal Place	e of Business	Mailing Address						{ { 	INDI 1811 INDI
500 BURTON DR 606 GILMORE STREET						1			
#2204 WAYCROSS GA 31501						DO NOT WRI	TF IN THIS :	SPACE	
TAVERNIER FL 33070 US						3. Date Incorporated or Qualifed			$\overline{}$
00						07/25/1995			-
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	olied For
26			•			65-0597904		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Country			8. This corporation owes the curr	ent year Inta		
24	25 29 30			Personal Property Tax. ☐ Yes ☐ No				□No	
	9. Name and Address of Curren	t Registered Agent	81			10. Name and Address of New F	Registered A	\gent	——⊢
LUBIL IOCEDILO				Name					
HULL, JOSEPH S			82	Street	Addre	ddress (P.O. Box Number is Not Acceptable)			
500 Burton dr. Unit 2204 Tavernier Fl 33070									
IAVE	INNER PL 33070		83						
	to the provisions of Sections 607.050: egistered agent, or both, in the State		84	1			FL	85 Zip C	1
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE: Re	egistered Age	nt signature	required 1	when (einstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE					☐ Change	Addition]
NAME	HULL, JOSEPH S		1.2 NAME						}
STREET ADDRESS	500 BURTON DR. UNIT 2204		1.3 STREE	TADDRESS		•			İ
CITY-ST-ZIP	TAVERNIER FL 33070		1.4 CITY-S	T-ZIP				Channa	- Addition
TTLE	STD	☐ DELETE	2.1 TITLE					☐ Change	Addition f
NAME	HULL, KATHLEEN S		2.2 NAME						ł
STREET ADDRESS	1 -			TADDRESS					
CITY-ST-ZIP	TAVERNIER FL 33070	☐ DELETE	2.4 CITY-5	SI-ZIP				Change	Addition
TITLE NAME			3.2 NAME		}			_ •	_
STREET ADDRESS				TADORESS	1				}
CITY-ST-ZIP			3.4. CITY-5						_}
TITLE		☐ DELETE	4.1 TITLE		ţ			Change	☐ Addition
NAME			4, 2 NAME						
STREET ADDRESS			4,3 STREE	TADORESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	1				
πLE		☐ DELETE	5.1 TITLE		1			Change	Addition
NAME			5.2 NAME						}
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		□ per cre	5.4 CITY-S 6.1 TITLE	1-ZIP	-			Change	Addition
TITLE	1	☐ DELETE	6.2 NAME					□ ciraiiâs	
NAME				T ADDOCES					
STREET ADDRESS			0.3 STREE	T ADDRESS	1				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: