## LE NOW: FILING FEE AFTER MAY 1 IS \$550.00 CORPORATION ANNUAL REPORT



Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000021798 (9)

J & D HULL, INC.

## **FILED** Jun 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address  809 ALCALA AVE LEHIGH ACRES FL 33936  BOY ALCALA AVE LEHIGH ACRES FL 33936								
				<ol> <li>Date Incorporated or Qualified</li> <li>03/07/1996</li> </ol>	3a. Da	ite of Last R	leport	
	Place of Business	2s. Mailing Address		4. FEI Number		AI	oplied For	
21 /2	massachusetts A	(26 1408 CO)	umbus l	DR 65-06489	79	No	ot Applicable	
Suite, Apt.	, - <del>, -</del>	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional equired	
City & Stat	186 25 F1	City & Stato	TIN	Election Campaign Financing     Trust Fund Contribution		Added	May Be to Fees	
Zin 24 339			30 ELKHOR		Yes [	No	. 199.032,	
	9. Name and Address of Curren L, JERALD L	t Registered Agent	81 Name	10. Name and Address of New F	registered A	rgent		
809 LEH	ALCALA AVE IGH ACRES FL 33936		83 84 City 1	Address (P.O. Box Number is No. Accent R MASS A Chu S C EHIGH HOLES		85 . Zip	393 C	
office or r agent. I a	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obligations are sections.	of Florida. Such change was	authorized by the corp	corporation submits this statement for the loration's board of directors. I hereby acc	purpose of ept the appo	changing il ointment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered age	rit and title if applicable. (NO	E: Registered Agent signature	required when reinstating)	DATE			
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	3S IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addilion	
NAME	HULL, JERALO L		1.2 NAME	and the back	Ka.			
STREET ADDRESS	809 ALCALA AVE		1.3 STREET ADDRESS	1408 Columbus		7		
CITY-ST-ZIP	LEHIGH ACRES FL 33936		1.4 CITY-ST-ZIP	ELKHAET, FN 40	0614			
TITLE	D	DELETE	2.1 TITLE			Change	Addition	
NAME	HULL, DEBRA L		2.2 NAME		م ۱			
STREET ADDRESS	809 ALCALA AVE		2.3 STREET ADDRESS	1408 Columbus D				
CITY-ST-ZIP	LEHIGH ACRES FL 33936		2.4 CITY - ST - ZIP	EZKHART, IN 44	a514			
TITLE	1	[_] DELETE	3.1 TITLE	-		Change	Addition	
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STREET ADDRESS	i		4.3 STREET ADDRESS	<b>*</b>				
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NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE			Change	Addilion	
NAME			6.2 NAME	dd	~ ^^		CS	
STREET ADDRESS			6 3 STREET ADDRESS	Bank Dep # 16	55 <sup>55</sup>		6/8/17	
CITY-ST-ZIP			64 City-St-ZiP	Curic Ger 14			\$10111	

14. I do 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 try social my powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or glock 13 if chyphology and an attrictional with an address.