## 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

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90028 032 \*\*\*150.00

## DOCUMENT # P96000048707

1. Corporation Name

NAME

STREET ADDRESS

G. P. HOOK ENTERPRISE, INC.

| Principal Place  | e of Business                                    | Mailing Address                   |  |  |   |  |                 |                |
|--|--|-----------------------------------|--|--|---|--|-----------------|----------------|
| 11321 TORREY   | PINES DR.  | 11321 TORREY PINES DE             | ł  |  |   |  | •               |                |
| RIVERVIEW FL 33569 RIVERVIEW FL 33569  |  |                                   |  |  |   |  |                 |                |
| US US  |  |                                   |  |  |   | DO NOT WRITE IN TH   | HIS SPACE       |                |
|  |  |                                   |  |  |   | 3. Date Incorporated or Qualifed 06/07/1996  |                 | - /            |
| 2. Principal P   | lace of Business                                 | 2a. Mailing Address               |  |  |   | 4. FEI Number  | Δ               | pplied For     |
| 21   |  | 26                                |  |  |   | 65-0672668   | N               | lot Applicable |
| Suite, Apt.  | #; etc.  | Suite, Apt. #, etc.               |  |  |   | - Contifered of Status Boolean as Elect  |                 | Additional     |
| 22   |  | 27                                | <u> </u>   |  |   | = 5.= Certifcate of Status Desired   | Fee F           | Required       |
| City & Stat  | 9  | City & State                      | City & State   |  |   | 6. Election Campaign Financing   | \$5.00          | May Be         |
| 23   |  | 28                                |  |  |   | Trust Fund Contribution  | Added           | to Fees        |
| Zip  | Country  | Zip                               | Cou  | intry  |   | 8. This corporation owes the current year  | Intangible      |                |
| 24   | 25 29  |                                   | 30   |  |   | Personal Property Tax.   | ☐ Yes           | <b>₽40</b>     |
|  | 9. Name and Address of Curr                      | rent Registered Agent             |  |  |   | 10. Name and Address of New Register   | ed Agent        |                |
|  |  |                                   |  | 81   | Name  |  |                 |                |
| HOOK, GARY   |  |                                   |  | 1  | 01  | ddress (D.O. Pay Number in Not Acceptable)   |                 |                |
| 11321 TORREY PINES DR  |  |                                   |  | 82   | Street Addre  | dress (P.O. Box Number is Not Acceptable)  |                 |                |
|  | ERVIEW FL 33569                                  |                                   |  | 83   |   |  |                 |                |
|  |  |                                   |  |  |   |  |                 |                |
|  |  |                                   |  | 84   | City  | F  | 85 Zip          | Code           |
|  |  |                                   | <del> </del>   | L  |   |  |                 | e registered   |
| -£6  | registered agent or both in the Sta              | te of Florida Such change was     | authorizer   | าทงแ   | he corporatio   | oration submits this statement for the purpose<br>n's board of directors. I hereby accept the ap | pointment as r  | egistered      |
| agent. I a   | m familiar with, and accept the obli             | igations of, Section 607.0505, FI | orida Stati  | utes.  |   |  |                 |                |
| SIGNATURE  |  |                                   |  |  |   |  |                 |                |
|  | Signature, typed or printed name of registered a |                                   |  | Agent :  | signature required                                      | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS   | AND DIDECT      | ODS (N. 42     |
| 12.  |  | AND DIRECTORS  DELETE             | 13.  |  | 15  | ADDITIONS/CHANGES TO OFFICERS  | Change          | Addition       |
| TITLE  | D  | X pereie                          | 1.1 TII  |  | B.  | ok R G   | - Change        |                |
| NAME   | HOOK, R G  |                                   | 1.2 NA   |  | 150   | 321 Torrey Pines Dr.   |                 |                |
| STREET ADDRESS   | l e  |                                   | 1.3 ST   | TREET A  |   | 321 Incled Pines 40.   |                 |                |
| CITY-ST-ZIP  | ELLENTON FL 34222                                |                                   |  |  |   |  |                 |                |
| TITLE  | D  |                                   | 1.4 Ci   | TY-ST-   | ZIP <b>R</b>  | werdiew FL 33569   |                 |                |
| NAME   | HOOK, PAULA J                                    | <b>⊠</b> DELETÉ                   | 1.4 CΓ<br>2.1 TΠ   |  | Ð   | iverdiew FL 33569  | Change          | Addition       |
| STREET ADDRESS   |  | <b>⊠</b> DELETE                   |  | TLE  | D   | ook, Paula J.  | <b>√</b> Change | Addition       |
| CITY-ST-ZIP  | 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5            | DELETE                            | 2.1 T∏<br>2.2 NJ   | TLE<br>AME   | D   | ook, Paula J.  | Change          | [ Addition     |
|  | 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5            | DELETE                            | 2.1 TII<br>2.2 N/<br>2.3 ST  | TLE<br>AME   | ADORESS 113   | iverdiew FL 33569  |                 |                |
| TTLE   | P O BOX 243 N/A                                  | <b>∑</b> DELETE                   | 2.1 TII<br>2.2 N/<br>2.3 ST  | TLE<br>AME<br>TREET /  | ADORESS 113   | ook, Paula J.  321 Torroy Pines Dr   | ☑ Change        |                |
|  | P O BOX 243 N/A                                  |                                   | 2.1 TII<br>2.2 N/<br>2.3 ST<br>2.4 C   | TLE<br>AME<br>TREET A<br>TTY-ST<br>TLE   | ADORESS 113   | ook, Paula J.  321 Torroy Pines Dr   |                 |                |
| NAME   | P O BOX 243 N/A                                  |                                   | 2.1 TII<br>2.2 N/<br>2.3 ST<br>2.4 C<br>3.1 TII<br>3.2 N/  | TLE TREET A TTY-ST TLE AME   | ADORESS 113   | ook, Paula J.  321 Torroy Pines Dr   |                 |                |
| NAME<br>STREET ADDRESS   | P O BOX 243 N/A                                  |                                   | 2.1 TT<br>2.2 N/<br>2.3 ST<br>2.4 CC<br>3.1 TT<br>3.2 N/<br>3.3 ST   | TLE  AME  TREET / TLE  AME  TREET /  | ADDRESS ADDRESS   | ook, Paula J.  321 Torroy Pines Dr   |                 |                |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P O BOX 243 N/A                                  |                                   | 2.1 TT<br>2.2 N/<br>2.3 ST<br>2.4 CC<br>3.1 TT<br>3.2 N/<br>3.3 ST   | TLE  AME  TREET / TLE  AME  TREET / TREET /  | ADDRESS ADDRESS   | ook, Paula J.  321 Torroy Pines Dr   |                 | Addition       |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P O BOX 243 N/A                                  | DELETE                            | 2.1 TII<br>2.2 N/<br>2.3 ST<br>2.4 Cl<br>3.1 TII<br>3.2 N/<br>3.3 ST<br>3.4. Cl<br>4.1 TII   | TLE  AME  TREET / TLE  AME  TREET / TTLE  TREET / TTLE  TREET /  | ADDRESS ADDRESS   | ook, Paula J.  321 Torroy Pines Dr   | ☐ Change        | Addition       |
| NAME STREET ADDRESS C/TY-ST-ZIP TITLE NAME                                       | P O BOX 243 N/A                                  | DELETE                            | 2.1 TTT<br>2.2 NA<br>2.3 ST<br>2.4 CD<br>3.1 TTT<br>3.2 NA<br>3.3 ST<br>3.4. CD<br>4.1 TTT<br>4.2 NA   | TLE  AME  TREET / TLE  AME  TREET / TREET / TLE  TLE  AME  | ADDRESS ADDRESS -ZIP                                    | ook, Paula J.  321 Torroy Pines Dr   | ☐ Change        | Addition       |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                        | P O BOX 243 N/A                                  | DELETE                            | 2.1 TTT 2.2 N/2 2.3 ST 2.4 CC 3.1 TTT 3.2 N/2 3.3 ST 3.4. CC 4.1 TTT 4.2 N/4.3 ST  | TLE  AME  TREET / TLE  AME  TREET / TLE  TLE  AME  TLE  AME  | ADDRESS ADDRESS ADDRESS ADDRESS                         | ook, Paula J.  321 Torroy Pines Dr   | ☐ Change        | Addition       |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP            | P O BOX 243 N/A                                  | ☐ DELETE                          | 2.1 TTT 22 NV 2.3 ST 3.4 CC 4.1 TTT 4.2 NV 4.3 ST 4.4 CC 4.4 CT 4 | TLE TREET A  | ADDRESS ADDRESS ADDRESS ADDRESS                         | ook, Paula J.  321 Torroy Pines Dr   | ☐ Change        | Addition       |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE      | P O BOX 243 N/A                                  | DELETE                            | 2.1 TTT 22 NV 2.3 ST 3.4 CT 4.2 NV 4.3 ST 4.4 CT 5.1 TTT 5.1 T | TLE TREET A  | ADDRESS ADDRESS ADDRESS ADDRESS                         | ook, Paula J.  321 Torroy Pines Dr   | ☐ Change        | Addition       |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP            | P O BOX 243 N/A                                  | ☐ DELETE                          | 2.1 TTT 22 NV 2.3 ST 2.4 CC 3.1 TTT 4.2 NV 4.3 ST 4.4 CC 5.1 TTT 5.2 NV  | TLE TREET / TILE TAME TILE TAME TILE TAME TILE TAME TILE TAME TILE TAME TAME TAME TAME TAME TAME TAME TAM  | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS | ook, Paula J.  321 Torroy Pines Dr   | ☐ Change        | Addition       |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE      | P O BOX 243 N/A                                  | ☐ DELETE                          | 2.1 TIT<br>2.2 NA<br>2.3 ST<br>2.4 CC<br>3.1 TIT<br>3.2 NA<br>3.3 ST<br>3.4 CC<br>4.1 TIT<br>4.2 NA<br>4.3 ST<br>4.4 CC<br>5.1 TIT<br>5.2 NA<br>5.3 ST   | TLE TREET / TITLE AME TREET / TITLE  | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS | ook, Paula J.  321 Torroy Pines Dr   | ☐ Change        | Addition       |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | P O BOX 243 N/A                                  | ☐ DELETE                          | 2.1 TIT<br>2.2 NA<br>2.3 ST<br>2.4 CC<br>3.1 TIT<br>3.2 NA<br>3.3 ST<br>3.4 CC<br>4.1 TIT<br>4.2 NA<br>4.3 ST<br>4.4 CC<br>5.1 TIT<br>5.2 NA<br>5.3 ST   | TLE TREET/ TREET/ TITLE AME TREET/ TITLE T | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS | ook, Paula J.  321 Torroy Pines Dr   | ☐ Change        | Addition       |

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP