

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**FILED****Feb 12, 1999 8:00 am
Secretary of State**

02-12-1999 90026 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000084083					
1. Corporation Name HBCN, INC.					
Principal Place of Business ROUTE 3 BOX 99 MAYO FL 32066			Mailing Address ROUTE 3 BOX 99 MAYO FL 32066		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 10/09/1996					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number 59-3406299	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent THOMAS, WAYMON W JR HIGHWAY 27 MAIN STREET MAYO FL 32066			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☐ DELETE			
NAME	PERRY, HERBERT E JR				
STREET ADDRESS	ROUTE 3 BOX 148				
CITY-ST-ZIP	MAYO FL 32066				
TITLE	VD	☐ DELETE			
NAME	PERRY, CHAN E				
STREET ADDRESS	ROUTE 3 BOX 99				
CITY-ST-ZIP	MAYO FL 32066				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		☐ Change ☐ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		☐ Change ☐ Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

904-294-1594

CR2E034 (1/1/98)