SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0086452

PROFIT
~~CORPORATION~~
ANNUAL REPORT
1998

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

FILED
98 AUG 13 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000001020 (1)

1. Corporation Name
HNG - LAUGHLIN SPARES, INC.

Principal Place of Business	Mailing Address
2817 SKIMMER POINT DRIVE GULFPORT FL 33707	2817 SKIMMER POINT DRIVE GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1997

2. Principal Place of Business
21: ~~2516 51st Way S. Gulfport FL 33707~~
22: Suite, Apt. #, etc.
23: City & State: Gulfport FL
24: Zip: 33707 — 25: Country: Pinellas

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip — 30: Country

4. FEI Number: 59-3414796 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WATSON, M.KIRBY
415 PASADENA AVE. SOUTH
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name: Clay Laughlin
82 Street Address (P.O. Box Number Is Not Acceptable): 2516 51st Way S.
83:
84 City: Gulfport FL — 85 Zip Code: 33707

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: Clay Laughlin — 7/6/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUGHLIN, CLAY 2817 SKIMMER POINT DRIVE GULFPORT FL 33707	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT Address LAUGHLIN, CLAY 2516 51ST WAY S. GULFPORT FL 33707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUGHLIN, MAKI 2817 SKIMMER POINT DRIVE GULFPORT FL 33707	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TREASURER Address LAUGHLIN, MAKI 2516 51ST WAY S. Gulfport FL 33707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	000002618240--2 -08/18/98--01005--007 ****155.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	****155.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

B 8/14

CR2E034 (5/98)

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.

SIGNATURE: Clay Laughlin REQUIRED — 7/6/98 (813) 343-6361

STATE OF FLORIDA

OFFICE OF VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

SANDRA LSE HOUCK Female

December 30, 1997 181 54

7 27 1943 Lawton, Oklahoma

No

Columbia St. Petersburg Medical Center St. Petersburg Pinellas

Retired Accountant Never Married

Florida Pinellas Largo

Robert D. Houck

Margaret

Linda Houck 9162 86th Avenue North Largo Florida 33777

Cremation

Dr. Crematory Inc. Pinellas Park, Florida

Anderson Funeral Home Inc 2100 Street North St. Petersburg FL

10:55 P.M.

Carolyn Wessel M.D. 508 Pasadena Ave So St. Petersburg Florida

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Chief Deputy Registrar Pinellas County Issued: Jan 02 1998

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

WARNING
8149732

CERTIFICATION OF VITAL RECORD