

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 # P97000001020

1. Corporation Name

HNG - LAUGHLIN SPARES, INC.

Principal Place of Business

2516 51 ST WAY S.
GULFPORT FL 33707

Mailing Address

2817 SKIMMER POINT DRIVE
GULFPORT FL 33707

2. Principal Place of Business

21 7432 Sunshine Skyway Lane S.

Suite, Apt. #, etc.

22 705-D

City & State

23 St. Petersburg, FL

Zip

24 33711

Country

25 FL USA

2a. Mailing Address

27 7432 Sunshine Skyway Lane S.

Suite, Apt. #, etc.

28 705-D

City & State

29 St. Petersburg, FL

Zip

30 33711

Country

31 U.S.A.

9. Name and Address of Current Registered Agent

LAUGHLIN, CLAY
2516 51 ST WAY S.
GULFPORT FL 33707

3. Date Incorporated or Qualified

01/06/1997

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LAUGHLIN, CLAY
STREET ADDRESS 2516 51 ST WAY S.
CITY-ST-ZIP GULFPORT FL 33707

TITLE T ☐ DELETE

NAME LAUGHLIN, MAKI
STREET ADDRESS 2516 51 ST WAY S.
CITY-ST-ZIP GULFPORT FL 33707

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 P ☐ Change ☐ Addition

1.2 NAME LAUGHLIN, CLAY
1.3 STREET ADDRESS 7432 SUNSHINE SKYWAY LANE S. #705-D
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33711

2.1 TITLE T ☐ Change ☐ Addition

2.2 NAME LAUGHLIN, MAKI
2.3 STREET ADDRESS 7432 SUNSHINE SKYWAY LANE S. #705-D
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33711

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

3/15/99 727-866-8211

Date

Daytime Phone #

CR2E034 (11/98)

0407951

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90103 027 ***150.00



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