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 # P97000103464

R.W. HOOKER, JR. & ASSOCIATES, INC.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90056 008 ***150.00



	of Business	Mailing Address				
802 BELLE TIME	BRE AVENUE	902 BELLE TIMBRE AVENUE				
BRANDON FL 33511		BRANDON FL 33511		DO MOT MIDITE IN THIS SPACE		
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	
					12/09/1997	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		<u>59-3484153</u>	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	27		5. Certificate of Otalias Besides	Fee Required
City & State	•	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip Country		8. This corporation owes the current year Intangible		
24	25		30		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent
			81	Name	. ,	
HOOKER, ROBERT W JR.			00	011 4 4 4	Idress (P.O. Box Number is Not Acceptable)	
802	BELLE TIMBRE AVENUE	82 Street Add		Street Add	Iress (P.O. Box Number is not Acceptable)	
	NDON FL 33511		83	-	· 图1000000000000000000000000000000000000	
					· 原屬 [[6] [] [] [[6] [] [] [[6]	, 033 la Chi Hi (2) Hi
			84	City	F	85 Zip Code
515-4	007.0505	1007 4500 Fledde Statute	- the ebou	a named son	poration submits this statement for the purpose	of changing its registered
-40	-istored eacht or both in the State o	if Florida, Such change was all	INDULTED DA	the comorai	ion's board of directors. I hereby accept the app	ointment as registered
agent. I ar	m familiar with, and accept the obligation	ions of, Section 607.0505, Flori	ida Statutes	3.	•	
SIGNATURE					red when reinstating).	
Signature, typed or printed name of registered agent			13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONAL PROPERTY OF THE SERVER	Change Addition
TITLE	D DONER PORENT W. ID		1.2 NAME	1		<u> </u>
NAME	HOOKER, ROBERT W JR.					,
STREET ADDRESS	802 BELLE TIMBRE AVENUE			TADDRESS		
CITY-ST-ZIP	BRANDON FL 33511	DELETE	1.4 CITY-S	ST-ZIP	<u> </u>	, 1
TITLE	D .	☐ DELETE	2.1 TITLE			Change C Addition
NAME	Hooker, Lisa B		•			Change Addition
STREET ADDRESS	OOO DELLE TIMBOR AVENUE		2.2 NAME			☐ Change ☐ Addition
1	802 BELLE TIMBRE AVENUE		1	T ADDRÉSS		Change Addition
CITY-ST-ZIP	BRANDON FL 33511		2.3 STREE 2. 4 CITY-			
CITY-ST-ZIP TITLE		☐ OELETE	2.3 STREE			Change Addition
	BRANDON FL 33511	☐ DELETE	2.3 STREE 2. 4 CITY-			
TITLE	BRANDON FL 33511	☐ DELETE	2.3 STREE 2. 4 CITY- 3.1 TITLE 3.2 NAME		the state of the S	
TITLE NAME STREET ADDRESS	BRANDON FL 33511 D HOOKER, ROBERT E 802 BELLE TIMBRE AVENUE	☐ DELETE	2.3 STREE 2. 4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP		☐ Change ☐ Addition
TITLE ST	BRANDON FL 33511 D HOOKER, ROBERT E	☐ DELETE	2.3 STREE 2. 4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BRANDON FL 33511 D HOOKER, ROBERT E 802 BELLE TIMBRE AVENUE		2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-1	ST-ZIP T ADDRESS ST-ZIP		☐ Change ☐ Addition
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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