FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000105887 (8)

H.R.C., INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			/#184 81181 18181 18111 1881 1881
4439 WILL SCARLET RD JACKSONVILLE FL 32208 4439 WILL SCARLET RD JACKSONVILLE FL 32208				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
 				12/12/1997	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# alc	Suite, Apt. #, etc.		59-3489243	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te .	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
HODGE, JANICE 81 Name					
4439 WILL SCARLET RD 82 Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32208					
			83		
			84 City	F	85 Zip Code
11, Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	es, the above-named corp	poration 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	T	11.100	1	todal nu	18-90
SIGNATURE	Signature, typed or printed name of maistured ago	ent and file it applicable (NO)	E. Regist red Agent signature requ	ired when reliabiling) DATE	-08-98
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	DPRESIDENT	☐ DELETE	1,1 TITLE		Change Addition
NAME	HODGE, JANICE		1.2 NAME		
STREET ADDRESS	4439 WILL SCARLET RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208	DELETE.	1.4 CITY-ST-ZIP		Change Addition
TITLE	Vice President		2.1 TITLE		Change Addition
NAME CTREET ADDRESS	Michelle noyal		2.2 NAME		
STREET ADDRESS	1230 Mayraed ST	268	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Societary of Tree	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	Haune Clark	Срецо-	3.2 NAME		
STREET ADDRESS	925 TORTOISE	vay	3.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonille Fl	32218	3.4. CITY-S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-Zip		j
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-2IP		
TITLE		☐ DEL ETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	}		6.3 STREET ADDRESS		}
CITY-ST-ZIP	and the that the information	itti, this files does not sould to	64 CITY-ST-ZIP	Castion 440 07/0V/N Floride Gratian 15 cl	and for the state of the state
indicated officer or	l on this annual report or supplementa	al annual report is true and acc giver or trustee empowe re d to a	urate and that my signatu	Section 119.07(3)(i). Florida Statutes. I further ure shall have the same legal effect as if made uuired by Chapter 607, Florida Statutes; and tha	under oath; that I am an