## 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 # P9800004366 1. Corporation Name

HURSTILL, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90041 016 \*\*\*150.00



40 FALLING WATER ROAD /ESTON FL 33326		740 FALLING WATER ROAD WESTON FL 33326				DO NOT WRIT	TE IN THIS :	SPACE		
							3. Date Incorporated or Qualifed 01/14/1998	- 111,7111-		
Principal F	Place of Business	2a. Mailing Address					4. FEI Number			Applied For
<u> </u>	·	26				İ	~~ 65+0804	630	- 1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.7	Additional
] :		27					5. Certifcate of Status Desired		Fee	Required
City & Stat	te	City & State	¬ ´				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip !	Country 25	Zip 29 3	_	intry			8. This corporation owes the curre	-		□No
9. Name and Address of Current Registered Agent						Personal Property Tax. Large Large No  10. Name and Address of New Registered Agent				
	3. Name and Address of Oure	it tregistered Agent		81	Name	<del>`</del>	g. Haile allu Address of New A	egistereu A	Gent	
HUF	rst, david									
740 FALLING WATER ROAD				82	Street	Address	(P.O. Box Number is Not Accepta	ble)		
	STON FL 33326			83						
*****				83						
				84	City			FL	85 Zi	p Code
i, Pursuant	to the provisions of Sections 607.056	02 and 607.1508, Florida Statutes	, the a	bove	named	corporat	on submits this statement for the	purpose of c	hangina	its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auti	norizea	t vd b	he corpo	oration's	board of directors. I hereby accept	t the appoin	tment as	registered
•	in lamiliar with, and accept the obliga	alions of, Section 607.0505, Flond	a Stat	utes.						
GNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NOTE: R	noietarno	Agent	eigneture e	occuired who	n reinstating)	DATE		
	OFFICERS AND DIRECTORS 1:				Signature I	adolled wile	ADDITIONS/CHANGES TO OFF		DIRECT	CORS IN 12
·	P				1.1 T/TLE		ADDITIONS/CHANGES TO OFF	TOENS AIL	☐ Chang	
	HURST, DAVID			2 NAME						
- 1 *0000000	740 FALLING WATER ROAD		Į		LDDDESS.					
1 ADDRESS	WESTON FL 33326				ADDRESS					
ST-ZIP	P DELETE			1.4 CITY-ST-ZIP						T Addition
	l ·-				2.1 TITLE				☐ Chang	e
	TILLERO, NELSON		2.2 N		i					
" : ADDRESS	740 FALLING WATER ROAD		2.3 \$1	REET	ADDRES\$		·			
* ST-ZIP	WESTON FL 33326		2 4 0				· · · · · · · · · · · · · · · · · · ·			
	S	☐ DELETE 3.1			7				Change	e ☐ Addition
	TILLERO, CARMELA		3.2 N/	ME						
I ADDRESS	740 FALLING WATER ROAD		3.3 \$1	REET	VDDRESS					
ST-ZIP	WESTON FL 33326			3.4. CITY-ST-ZIP						
-	T	☐ DELETE 4.1			5				Change	e Addition
_ [	TILLERO HURST, CAROLINA	÷ ,	4.2 N	AME						
ADDRESS	740 FALLING WATER ROAD		4.3 ST	REETA	DORESS	1				
ST-ZIP	WESTON FL 33326		4.4 CF	TY-ST-	ZIP	ı				
		☐ DELETE	5.1 TF						Change	e Addition
_ (		I	5.2 NA	ME						
. I ADDRESS		,	5.3 ST	REET #	ODRESS					
ST 21P			5.4 CF	ry-st-	ZIP					
<u></u>		☐ DELETE	6.1 TI				······································		☐ Change	Addition
{			6.2 NA	ME	-		k.			_
I ADDRESS					DDRESS		•			
I										
ST-ZIP	L <u></u>		0.4 CF	TY-ST-	417					

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.