

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90107 013 ***150.00

DOCUMENT # P98000005234

1. Corporation Name
HURD PROPERTIES, INC.



Principal Place of Business
2959 RANCHETTE SQUARE
GULF BREEZE FL 32561

Mailing Address
2959 RANCHETTE SQUARE
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1809 Kell Rd. 22 Suite, Apt. #, etc.		2a. Mailing Address 26 1809 Kell Rd. 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/16/1998	
23 City & State Gulf Breeze, FL 24 Zip 32561 25 Country USA		28 City & State Gulf Breeze, FL 29 Zip 32561 30 Country USA		4. FEI Number 59-3494362 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HURD, ELIZABETH ANN 2959 RANCHETTE SQUARE GULF BREEZE FL 32561				10. Name and Address of New Registered Agent 81 Name Hurd, Elizabeth Ann 82 Street Address (P.O. Box Number is Not Acceptable) 1809 Kell Rd. 83 84 City Gulf Breeze, FL 85 Zip Code 32561			
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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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT NAME HURD, ELIZABETH ANN STREET ADDRESS 2959 RANCHETTE SQUARE CITY-ST-ZIP GULF BREEZE FL 32561	<input type="checkbox"/> DELETE	1.1 TITLE Hurd, Elizabeth Ann (PT) 1.2 NAME 1809 Kell Rd. 1.3 STREET ADDRESS Gulf Breeze, FL 32561 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME HURD, DONNA ANN STREET ADDRESS 2959 RANCHETTE SQUARE CITY-ST-ZIP GULF BREEZE FL 32561	<input type="checkbox"/> DELETE	2.1 TITLE Hurd, Donna Ann (S) 2.2 NAME 1809 Kell Rd. 2.3 STREET ADDRESS Gulf Breeze, FL 32561 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elizabeth Ann Hurd* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850 934 8746

CR2E034 (1/98)