


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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90168 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000016379			
1. Corporation Name HUNTER FINANCIAL GROUP, INC.			
Principal Place of Business 994 VIREOS COURT TALLAHASSEE FL 32312		Mailing Address 994 VIREOS COURT TALLAHASSEE FL 32312	
2. Principal Place of Business 21 1616-D METROPOLITAN CIRCLE Suite, Apt. #, etc. 22		2a. Mailing Address 26 1616-D METROPOLITAN CIRCLE Suite, Apt. #, etc. 27	
City & State 23 TALLAHASSEE, FL Zip 24 32308 Country 25 U.S.		City & State 28 TALLAHASSEE, FL Zip 29 32308 Country 30 U.S.	
9. Name and Address of Current Registered Agent GOODWIN, DARRELL K 1331 EAST LAFAYETTE ST., STE. A TALLAHASSEE FL 32301			
10. Name and Address of New Registered Agent 81 Name DARRELL K. GOODWIN 82 Street Address (P.O. Box Number is Not Acceptable) 1311 EXECUTIVE CENTER DRIVE 83 STE. 109 84 City TALLAHASSEE FL 85 Zip Code 32301			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ECKLAND, JENNA G 994 VIREOS COURT TALLAHASSEE FL 32312	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		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		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		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (850) 297-0010

Date Daytime Phone #

CR2E034 (11/98)