

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000026861	
1. Entity Name HST & SONS INC.	



FILED
05 OCT 14 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1105 NORTH COUNTY ROAD GRANDIN, FL 32138	Mailing Address P.O. BOX 103 GRANDIN, FL 32138
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10122005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3511378	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIS, EUGENE 1105 NORTH COUNTY ROAD GRANDIN, FL 32138		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eugene Davis 10/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAVIS, HORACE E 1535 WHITEHALL LANE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900080633185 10/14/05--01071--001 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

STATEMENT 05

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Horace E. Davis 10/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

October 11, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

This note is to document that prior notice of cancellation was not receive. This is the first notice to date that I have received. Therefore I have enclosed the fee of \$150.00.

Thank You.

Eugene Davis
HST & Sons Inc.
1105 North County Road
Grandin, FL 32318