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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9800032184

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90059 023 ***150.00

1. Corporation	Name							
JEFFREY A. HOOKER, INC.								
VEI I IIE I	7. 7.0 01.2.0					- 1		4 8 1 14
Principal Place	of Business	Mailing Address				- I MANICENI LINGUI COLON ABILIT	LINE	######################################
		204 NW AVENUE L						
204 NW AVENUE L BELLE GLADE FL 33430 BELLE GLADE FL 33430								
BELLE GLADE	-C 30430	02224 02.00				DO NOT WRITE IN THIS	SPACE	
						Date Incorporated or Qualifed		
						04/08/1998		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	olied For
21		26				65-0802432		Applicable_
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	_\$8.75 <i>∧</i>	
22	.,	27				5. Certificate di Status Desired	Fee Re	quired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year In	tangible	_/
— ·	25	29	30			Personal Property Tax.	Yes	₽ No
24	9. Name and Address of Curre		11			10. Name and Address of New Registered	Agent	
	3. Ivalio dila yiaalisaa yi saniis			81	Name			ì
HOO	KER, JEFFREY A					(D.O. County leaves in Mad Accordable)	 	
	NW AVENUE L			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		ì
BELLE GLADE FL 33430				83				
ULL	L GLADE I E GOTOU							
				84	City	FI	85 Zip (Code
				لــــــــــــــــــــــــــــــــــــــ	L			registered
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu of Florida, Such change was	ites, the a authorized	ibove d bv	a-namea corp the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	ointment as re	gistered
agent, la	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Stat	utes				-
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	d Agen	nt signature require	d when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PVT	☐ DELETÉ	1.1 TI	ITLE			☐ Criange	
NAME	HOOKER, JEFFREY A		1.2 N	AME				
STREET ADDRESS	PO BOX 190 N/A		1.3 S	TREET	T ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL 33430-0190)	1.4 C	ITY-S	T-ZIP			
TITLE	SD	☐ DELETE	2.1 TI	ITLE				☐ Addition
i	BEHL, BARBARA M		22 N	AME	ļ		Change	
NAME					TADDRESS		Change	Addition
STREET ADDRESS	10218 SE BANYAN WY				I ADDINESS		∐ Change	Addition
CITY-ST-ZIP	TEQUESTA FL 33469-1416				~~ 710	والمنافرة	Change	
TITLE	I	□ nci etc	_	CITY-S	ST-ZIP	and the second s	Change	Addition
i		☐ DELETE	3.1 T	CITY-S	ST-ZIP	and the second s		<u>-</u>
NAME		☐ DELETE	3.1 T 3.2 N	CITY-S TILE VAME				<u>-</u>
NAME STREET ADDRESS		☐ DELETE	3.1 T 3.2 N	CITY-S TILE VAME	ST-ZIP T ADDRESS			<u>-</u>
1			3.1 Tl 3.2 N 3.3 S 3.4.0	CITY-S TILE VAME STREET			Change	Addition
STREET ADDRESS		☐ DELETE	3.1 Tl 3.2 N 3.3 S 3.4.0	CITY-S TITLE LAME STREET	T ADDRESS			<u>-</u>
STREET ADDRESS CITY-ST-ZIP			3.1 T 3.2 N 3.3 S 3.4.0 4.1 T	CITY-S TILE VAME STREET	T ADDRESS ST-ZIP		Change	Addition
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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, it on an attachment with an address, with all other like empowered.