2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000034914 Feb 04, 2000 8:00 am 1. Entity Name **Secretary of State** HINKLE MAINTENANCE, INC. 02-04-2000 90073 033 ***158.75 Mailing Address Principal Place of Business 2043 LIBERTY WAY 2043 LIBERTY WAY MIDDLEBURG FL 32068-3641 MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3506919 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name HINKLE, ANN M Street Address (P.O. Box Number is Not Acceptable) 2043 LIBERTY WAY MIDDLEBURG FL 32068 Zip Code City F٤ 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Delete TITLE TITLE HINKLE, ANN M NAME STREET ADDRESS STREET ADDRESS 2043 LIBERTY WAY CITY-ST-7IP CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Addition ☐ Change ☐ Delete TITLE BRADSHAW, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 2043 LIBERTY WAY CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 TITLE VP 7 - 🔀 - Change ---- 🔲 - Addition -TITLE Delete HINKLE, JAMES R JR. NAME NAME Hinkle, Dennis -E. STREET ADDRESS STREET ADDRESS 2043 LIBERTY WAY 490 Alsey Drive CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 <u>Orange Park, Fl. 32073</u> ☐ Addition TITLE Change TITLE ☐ Delete HINKLE, JAMES R SR. NAME NAME STREET ADDRESS STREET ADDRESS 2043 LIBERTY WAY CITY-ST-ZIP CITY-ST-ZIE MIDDLEBURG FL 32068 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Defete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if

SIGNATURE! PRINTED NAME OF SIGNING OFFICER OR D

changed, or on an attachment will