1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046991

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90001 003 ***150.00

HULLS, \	WINGS & WALLS, INC.	•							
		•					 		
Principal Place	e of Business	Mailing Address							
1239 WINDWARD DRIVE 1239 WINDWARD DRIVE									
OSPREY FL 34229 OSPREY FL 34229						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/26/1998			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0846394		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27				5. Certificate of charas beside	Ш	Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing_	~ ~ ~~		-
23		28				Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	Zip	Cou	itry		8. This corporation owes the curre	nt year Inta		X No
24	25	29	30			Personal Property Tax.		☐Yes	ZUNO
	9. Name and Address of Curren	t Registered Agent		81 Name	·	10. Name and Address of New Ro	gistered A	gent	
COR	RPORATION SERVICE COMPANY				Joh	n Kankin			
, , , , , , , , , , , , , , , , , , , ,	I HAYS STREET			82 Stree	Addre	ss (P.O. Box Number is Not Acceptat	ole)	•	ŀ
	LAHASSEE FL 32301-2525		}	83	123	9 WINDWARD Dr.			
1744	BATTAGOEE TE GEGOT ESES			63					
				84 City			FL	85 Zip	Code
					Us	pier			H229
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida. Such change was a	uthonzed	by the cor	ocorpoi poration	is board of directors. I hereby accept	the appoin	tment as re	gistered
agent. I a	m familiar with, and accept the obligat	tions of Section 607.0505, Flo	rida Statı	tes.					
SIGNATURE	John 1/ Kin	<u> </u>	Danistand			- Anna coincitation)	3/2	-5/5	y
	Signature, typed or printed name of registered agen			Agent signature	required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
12.	OFFICERS AN	nt and title if applicable. (NOTE	Registered	•	required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
12. TITLE	OFFICERS AN	D DIRECTORS	13. 1.1 Til	E	required v		DATE	DIRECTO	ORS IN 12
12. TITLE NAME	OFFICERS AN D RANKIN, JOHN D	D DIRECTORS	13. 1.1 TIT 1.2 NA	E ME			DATE	DIRECTO	ORS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS AN D RANKIN, JOHN D 1239 WINDWARD DRIVE	D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	.E ME REET ADDRESS			DATE	DIRECTO	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D RANKIN, JOHN D 1239 WINDWARD DRIVE OSPREY FL 34229	D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	LE ME REET ADDRESS Y-ST-ZIP			DATE	DIRECTO	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D RANKIN, JOHN D 1239 WINDWARD DRIVE OSPREY FL 34229 D	D DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CIT	.E ME REET AODRES: Y-ST-ZIP .E			DATE	D DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D RANKIN, JOHN D 1239 WINDWARD DRIVE OSPREY FL 34229 D WALCK, ROBERTA J	D DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA	LE ME REET ADDRESS Y-ST-ZIP LE	3		DATE	D DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D RANKIN, JOHN D 1239 WINDWARD DRIVE OSPREY FL 34229 D WALCK, ROBERTA J 1239 WINDWARD DRIVE	D DIRECTORS	13. 1.1 Til 1.2 NA 1.3 ST 1.4 Cli 2.1 Til 2.2 NA 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	3		DATE	D DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANKIN, JOHN D 1239 WINDWARD DRIVE OSPREY FL 34229 D WALCK, ROBERTA J	D DIRECTORS	13. 1.1 Til 1.2 NA 1.3 ST 1.4 Cli 2.1 Til 2.2 NA 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	3		DATE	D DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D RANKIN, JOHN D 1239 WINDWARD DRIVE OSPREY FL 34229 D WALCK, ROBERTA J 1239 WINDWARD DRIVE	D DIRECTORS DELETE DELETE	13. 1.1 Til 1.2 NA 1.3 ST 1.4 Cll 2.1 Til 2.2 NA 2.3 ST 2.4 Cl	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	3		DATE	DIRECTO	DRS IN 12 Addition Addition
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 1 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:

94/9667346