

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90021 007 ***150.00

DOCUMENT # **P98000068011**

1. Corporation Name

D. L. HINSON, INC.

Principal Place of Business
**11217 SAN JOSE BOULEVARD
JACKSONVILLE FL 32223**

Mailing Address
**11217 SAN JOSE BOULEVARD
JACKSONVILLE FL 32223**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 7440 County Road 305

2a. Mailing Address

26 P.O. Box 136

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Elkton, FL

City & State
Elkton, FL

Zip Country
32033 25 USA

Zip Country
32033 30 USA

3. Date Incorporated or Qualified

08/04/1998

4. FEI Number

59-3527986

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HINSON, DAVID L
11217 SAN JOSE BOULEVARD
JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent

81 Name

David L. Hinson

82 Street Address (P.O. Box Number is Not Acceptable)

7440 County Road 305

83

84 City

Elkton, FL

FL

85 Zip Code

32033

I, 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.

GNATURE **Margie Hinson, VP**

7/3/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

E	DSPT	<input type="checkbox"/> DELETE
IE	HINSON, DAVID L	
EET ADDRESS	11217 SAN JOSE BOULEVARD	
ST-ZIP	JACKSONVILLE FL 32223	
E		<input type="checkbox"/> DELETE
IE		
EET ADDRESS		
ST-ZIP		
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IE		
EET ADDRESS		
ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Margie Hinson	
1.3 STREET ADDRESS	7440 County Road 305	
1.4 CITY-ST-ZIP	Elkton, FL 32033	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, or on an attachment with an address.

GNATURE: **Margie Hinson, VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/3/99 (904) 692-4700

CR2E034 (5/99)

382531-40021-1
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D.L. Hinson Inc.

July 6, 1999

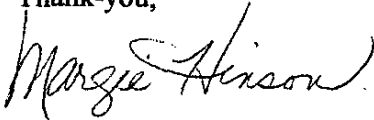
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32303-1500

To Whom it May Concern;

The 1999 Profit Corporation Annual Report was received in our office on July 3, 1999. It was stamped indicating that it was our second notice. We incorporated in Aug. 1998 and never received the first notice.

As recommended to me by Kim with the Dept. of State, whom I spoke to earlier today, I am writing to request that the \$400 late fee be waived. Enclosed please find my completed report and check for \$150.

Thank-you,



Margie Hinson
Vice President