

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).

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

07-09-1999 90021 007 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000068011**  
 1. Corporation Name  
**D. L. HINSON, INC.**

Principal Place of Business Mailing Address  
 11217 SAN JOSE BOULEVARD JACKSONVILLE FL 32223  
 11217 SAN JOSE BOULEVARD JACKSONVILLE FL 32223



DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 2. Principal Place of Business<br>1] 7440 County Road 305<br>Suite, Apt. #, etc.<br>2] _____<br>City & State<br>3] Elkton, FL<br>Zip<br>4] 32033 |  | 2a. Mailing Address<br>26] P.O. Box 136<br>Suite, Apt. #, etc.<br>27] _____<br>City & State<br>28] Elkton, FL<br>Zip<br>29] 32033           |  | 3. Date Incorporated or Qualified<br><b>08/04/1998</b> |  |
|  |  | 4. FEI Number<br>59-3527986   |  | Applied For<br>Not Applicable                          |  |
|  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  | \$8.75 Additional Fee Required                         |  |
|  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees                            |  |
|  |  | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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** 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          |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |  |
|---------------------------------|--|--|--|
| <input type="checkbox"/> DELETE | DSPT<br>HINSON, DAVID L<br>11217 SAN JOSE BOULEVARD<br>JACKSONVILLE FL 32223 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | V<br>Margie Hinson<br>7440 County Road 305<br>Elkton, FL 32033 |
| <input type="checkbox"/> DELETE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <input type="checkbox"/> DELETE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <input type="checkbox"/> DELETE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <input type="checkbox"/> DELETE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <input type="checkbox"/> DELETE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |

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** 7/3/99 (904) 692-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (5/99)

282531-40021-1  
P98000068011

# D.L. Hinson Inc.

July 6, 1999

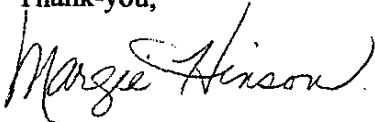
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32303-1500

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