## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P98000091215

Entity Name
 HOOKER & TIBBETTS, INC.

Principal Place of Business Mailing Address

3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG, FL 33712 3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG, FL 33712

# FILED Apr 15, 2004 08:00 AM Secretary of State



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No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3542917

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

BRANDES, RUSSEL P 3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG, FL 33712

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	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, the obligations of registered agent.	I am familiar with, and	accept
SK	GNATURE		

(NOTE. Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000114479 04/15/04-80051-014 158.75

#### 10. OFFICERS AND DIRECTORS DPS TITLE NAME TIBBETTS, LINTON N STREET ADDRESS 3300 FAIRFIELD AVE. SOUTH ST. PETERSBURG, FL 33712 C87Y-ST-ZIP TETLE DVPT HOOKER, DONNA NAME STREET ADDRESS 3724 RIVERBROOK DRIVE CITY-ST-ZIP LOUISVILLE, TN 37777 TITLE BRANDES, RUSSEL P NAME STREET ADDRESS 729 SUWANNEE ST NE CITY-ST-ZIP ST PETERSBURG, FL 33702 TITLE NAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President.

(727) 327-4503