PD NAME WHYTE, ANN L STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE TITLE TO NAME WHYTE, WAYNE STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE TO NAME WHYTE, WAYNE STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE TO NAME WHYTE, STEVEN H. STREET ADDRESS CITY-ST-ZIP WHYTE, STEVEN H. STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE TO NAME WHYTE, STEVEN H. STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE TITLE TO NAME WHYTE, STEVEN H. STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE TITLE SD NAME MOORE, SHARON L TITLE SD NAME MOORE, SHARON L				* * * * * * * * * * * * * * * * * * *		
HUNTER HOLDINGS OF PONCE INLET, INC. HANDER HOLDINGS OF PONCE INLET, INC.	ANNUAL F	CORPORATION Sandra B ANNUAL REPORT Secretary		nam late		
Maling Address 30 INLET HARBOR ROAD POINCE INLET FL 32127 20 INLET HARBOR ROAD POINCE INLET FL 32127 21 Inlet incorporated or Qualified 22 Inlet incorporated or Qualified 23 Date of Last Report 24 FEI Number 25 SA046624 26 Inlet FEI Number 26 Inlet FEI Number 27 Inlet State 28 Inlet Apply Fei Regulared 29 Inlet Fee Required 20 Inlet Apply Fee Regulared 20 Inlet Apply Fee Regulared 20 Inlet Apply Fee Regulared 21 Inlet State 22 Inlet State 23 Inlet Apply Fee Regulared 24 Inlet State 25 Inlet Apply Fee Regulared 26 Inlet State 27 Inlet State 28 Inlet Apply Fee Regulared 29 Inlet State 29 Inlet State 20 Inlet State 21 Inlet State 22 Inlet State 23 Inlet State 24 Inlet State 25 Inlet State 26 Inlet State 26 Inlet State 27 Inlet State 28 Inlet State 29 Inlet State 20 Inlet State 21 Inlet State 21 Inlet State 21 Inlet State 22 Inlet State 23 Inlet State 24 Inlet State 25 Inlet Apply Inlet State 26 Inlet State 26 Inlet State 27 Inlet State 28 Inlet Apply Inlet State 29 Inlet Daily 20 I	Corporation Name					
SUITE HARBOR ROAD PONCE INLET FL 32127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 3. Date Incorporated or Qualified 12. Principal Place of Business 3. Date Incorporated or Qualified 2b. Date of Last Report Not Applicable 127 Suits, Apt. s. etc, 27 Suits, Apt. s. etc, 28 Suits, Apt. s. etc, 30 Suits, Apt. s. etc, 31 Suits, Apt. s. etc, 32 Suits, Apt. s. etc, 32 Suits, Apt. s. etc, 32 Suits, Apt. s. etc, 33 Suits, Apt. s. etc, 32 Suits, Apt. s. etc, 33 Suits, Apt. s. etc, 32 Suits, Apt. s. etc, 32 Suits, Apt. s. etc, 32 Suits, Apt. s. etc, 33 Suits, Apt. s. etc, 34 Suits, Apt. s. etc, 35	HUNTER HO	OLDINGS OF PUNCE INL	E1, INC.	<u>t</u>		
PONCE INLET FL 32127 PONCE INLET FL 32127 PONCE INLET FL 32127 DON WRITE IN THIS SPACE. So Date incorporation or Guidence of Status Desired In this Application of Status Desired In this Comporation in the Interest In the Interest In the Interest In the Interest Interest In the Interest Intere	rincipal Place of Bu	siness				
2. Principal Place of Business	30 HBLE 18410041 11040					3a. Date of Last Report
2. Principal Place of Business 2. Malling Address 59-3048624 Nor Applicable 59-304862 Nor Applicable 59-3048624 Nor Applicable 59-3048624 Nor Applicable 59-3048624 Nor Applicable 59-3048624 Nor Applicable 59-304862 Nor Applicable 59-3048624 Nor Applica						
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Place of Business					Not Applicable
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & Country City City	Suite. Apt. #, etc.					
28 29 20 20 20 30 30 30 30 30	2				6. Election Campaign Financing	— — — — — — — — — — — — — — — — — — —
PETERSON, SID C., JR 418 CANAL STREET NEW SMYRNA BEACH FL 32168 Sad City FL 85 Zo Code	3			Country	8 This corporation has liability for intangible tax under S. 199.032.	
PETERSON, SID C., JR 418 CANAL STREET NEW SMYRNA BEACH FL 32168 84 Cry FL 85 Zp Code 85 Cry FL 85 Zp Code 86 Cry FL 85 Zp Code 87 Cry FL 85 Zp Code 88 Cry FL 85 Zp Code 89 Cry FL 85 Zp Code 80 Cry FL 85 Zp Code 8	- ₁ `	├ ── `	— ` — —		Florida Statutes	L No
PETERSON, SID C., JR 418 CANAL STREET NEW SMYRNA BEACH FL 32168 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 CRy FL 85 Zp Code 11. 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 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 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 or registered agent, I	9	. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of their	
Or remiser with, and accept the obligations of, Section 607.0505, Ronda Statutes. SIGNATURE Signature, hoped or enrice name of registered spent and title if apposable. NOTE Registered Agent signature required when remislating) DATE 12. OFFICERS AND DIRECTORS 1 TITLE NAME WHYTE, ANN L. STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 1 1 TITLE TO NAME WHYTE, WAYNE 92 DIFFIN DRIVE WELLAND ONTARIO CANA 31 TITLE TO NAME WHYTE, STEVEN H. 33 STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 31 TITLE TO NAME STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 31 TITLE TO NAME STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 31 TITLE TO NAME STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 31 TITLE TO NAME STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 31 TITLE TO NAME STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 41 TITLE SD NAME MOORE, SHARON L ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS 1 TITLE 1 T	418 CANAL NEW SMYRI	Street Va Beach FL 32168	:	83 84 City		FL 85 Zip Code
SIGNATURE Signature. Indeed or printed name of registered agent and little if approaches. OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 1. TITLE WHYTE, ANN L 92 DIFFIN DRIVE STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 11 CITY-ST-ZIP TO NAME WHYTE, WAYNE 22 NAME 21 TITLE VD WHYTE, WAYNE 33 STREET ADDRESS CITY-ST-ZIP WHYTE, STEVEN H. 33 STREET ADDRESS CITY-ST-ZIP WHYTE, STEVEN H. 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WHYTE, STEVEN H. 33 STREET ADDRESS CITY-ST-ZIP WHYTE, STEVEN H. 33 STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 11 TITLE TO NAME WHYTE, STEVEN H. 33 STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 41 TITLE SD NAME MOORE, SHARON L	11. Pursuant to the or registered familiar with.	ne provisions of Sections 607.050; agent, or both, in the State of Flor and accept the obligations of, Sec	2 and 607.1508, Florida Statutes, ti ida. Such change was authorized b tion 607.0505, Florida Statutes.	ne above-named corporation's boo	oration submits this statement for the p and of directors. I hereby accept the ap	
11. OFFICERS AND DIRECTORS 1 1 TITLE NAME WHYTE, ANN L STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 11 CITY-ST-ZIP WHYTE, WAYNE 92 DIFFIN DRIVE 22 NAME STREET ADDRESS CITY-ST-ZIP WHYTE, WAYNE 92 DIFFIN DRIVE 23 STREET ADDRESS CITY-ST-ZIP WHYTE, STEVEN H. 33 STREET ADDRESS CITY-ST-ZIP NAME WHYTE, STEVEN H. 92 DIFFIN DRIVE WHYTE, STEVEN H. 93 STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 11 TITLE TO NAME WHYTE, STEVEN H. 92 DIFFIN DRIVE WHYTE, STEVEN H. 93 STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 14 TITLE SD NAME MOORE, SHARON L 1 TITLE SD NAME MOORE, SHARON L	SIGNATURE	names, typed or printed name of registered ager	t and title it applicable. INOTE: F		red when reinstang)	
NAME STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE STREET ADDRESS CITY-ST-ZIP NAME WHYTE, STEVEN H. STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE SD NAME MOORE, SHARON L TO Change Address Ad	12.	OFFICERS AF	ND DIRECTORS	· · · · · · · · · · · · · · · · ·	ADDITIONS/OFFICE TO SE	Change Additio
CITY-ST-ZIP WELLAND ONTARIO CANA 11CITY-ST-ZIP VD NAME WHYTE, WAYNE 92 DIFFIN DRIVE 21 NAME STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 11 TITLE TD NAME WHYTE, STEVEN H. 31 STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 31 TITLE 1 TO 1 TITLE NAME WHYTE, STEVEN H. 31 STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 14 TITLE SD NAME MOORE, SHARON L 14 HAME 15 CHange Addition Addition Change Change Addition Change Addition Change Change Change Change Ch	NAME	WHYTE, ANN L.		1 3 STREET ADDRESS		
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE NAME STREET ADDRESS CITY-ST-ZIP WHYTE, STEVEN H. STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 31 TITLE 33 STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 41 TITLE SD NAME NAME MOORE, SHARON L 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 34 CITY-ST-ZIP Change Address Ad	CITY-ST-ZIP	WELLAND ONTARIO CANA				Change Addition
STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE NAME WHYTE, STEVEN H. STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA 31 TITLE 33 STREET ADDRESS CITY-ST-ZIP WELLAND ONTARIO CANA TITLE SD NAME MOORE, SHARON L ACCUMANT ACCUMANT	NAME	WHYTE, WAYNE	•			
TITLE TD NAME WHYTE, STEVEN H. STREET ADDRESS CITY-ST-ZIP NAME WELLAND ONTARIO CANA TITLE SD NAME MOORE, SHARON L STREET ADDRESS 41 TITLE ONAME MOORE, SHARON L	l 1	92 DIFFIN DRIVE WELLAND ONTARIO CANA		2 4 CITY-ST-ZIP		Change Acon
NAME WHYTE, STEVEN IT. STREET ADDRESS CITY-ST-ZIP TITLE SD NAME MOORE, SHARON L 33 STREET ADDRESS 34 CITY-ST-ZIP Change Add TITLE 13 STREET ADDRESS 34 CITY-ST-ZIP Change Add TITLE 13 STREET ADDRESS 34 CITY-ST-ZIP Change Add TITLE 14 HAME -03/20/36-01013-000	4711 41 411	TD		1		was seen and seems seems seems seems
CITY-ST-ZIP WELLAND ONTARIO CANA TITLE SD NAME MOORE, SHARON L Change LAdd 41 TITLE 42 HAME - 03/20/36 - 01013 - 000	1 [WHYTE, STEVEN H.				
TITLE SD	1 .	WELLAND ONTARIO CANA				
		SD			©©©©© 1 1 ~02720700 - 0	្រីព្រឹង្សត្រ មិន សំ រំ ង
		Moore, Sharon L 92 Diffin Drive			~u3728736-~u ***200.00	
STREET ADDRESS AND ONTARIO CANA	STREET ADDRESS	WELLAND ONTARIO CANA				
CITY-ST-ZIP WELLFARD CHARLES STRING STANKE	}					

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify that that I am an officer or director of the corporation of the receiver or trustee embowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Rimsk 13 if changed or on an attractiment with an address. e : CITY - ST - ZIP

5 3 STREET ADDRESS

63 STREET ADDRESS

E + CITY - ST - ZIP

6 : TITLE TANK

STREET ADDRESS

CITY - ST - ZIP

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

mail 3/96 1 (905) 132-4426

Addition