


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S42995 (8) 1. Corporation Name J.H. HULL, INC.			
Principal Place of Business 1307 W. HIGHWAY 60 PLANT CITY FL 33567		Mailing Address 1307 W. HIGHWAY 60 PLANT CITY FL 33567-9105	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 03/28/1991		3a. Date of Last Report 03/22/1996	
4. FEI Number 65-0256168		Applied For Not Applicable	
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HULL, JAMES H 1307 W. HIGHWAY 60 PLANT CITY FL 33567		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HULL, J.H.		
STREET ADDRESS	1307 W. HIGHWAY 60		
CITY- ST- ZIP	PLANT CITY FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HULL, CAROLYN B.		
STREET ADDRESS	1307 W. HIGHWAY 60		
CITY- ST- ZIP	PLANT CITY FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SULLIVAN, E.H.		
STREET ADDRESS	3475 GORDY ROAD		
CITY- ST- ZIP	FT. PIERCE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SULLIVAN, JOANN		
STREET ADDRESS	3475 GORDY ROAD		
CITY- ST- ZIP	FT. PIERCE FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	VP OPERATIONS DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	SULLIVAN, KERRY		
1.3 STREET ADDRESS	351 S. LAKE SHORE DRIVE		
1.4 CITY- ST- ZIP	OCOE, FL 34761		
2.1 TITLE	VP ADMINISTRATIVE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	SAFER, PATRICIA A.		
2.3 STREET ADDRESS	1427 PEACHFIELD DRIVE		
2.4 CITY- ST- ZIP	VALRICO, FL 33594		
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			
14. I do 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.			
SIGNATURE: Patricia A. Safer		4-11-97 (813) 737-1832	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)