2003 UNIFO DOCUMENT # 1. Entity Name J.H. HULL, INC.			√		Aug 28, Secret	ILED 2000 8:00 an ary of State
Principal Place of Business 1307 W. HIGHWAY 60 6 6 PLANT CITY FL 33567	charlse Wiggings Rd	Mailing Address 206 2 1307 W. HIGHWAY 60' PLANT CITY FL 33567	charlie 4	loggios Rd		
2. Principal Place of Business 2. O G Chapping Rd Plant City, FL 33567 Suite, Apt. #, etc.		3. Mailing Address 66 Chertie, Wiggins Rd Plant City, F1 33567 Suite, Apt. #, etc.			[#] DO NOT WRITE IN THIS SPACE	
City & State		City & State		4.	FEI Number 65-025616	8 Applied For
Zip Country		Zip Country		5.	Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and A	ddress of Current Re	gistered Agent	I	7.	Name and Address of New R	
HULL, JAMES H 1307 W. HIGHWAY 6 PLANT CITY FL 3356 . The above named entity subm	87.) . 	ne purpose of changing its	City	06 Cl Plant	Box Number is Not Acceptable harlie Wige - City	71N3 Rd. FL 33567 rida.
IGNATURE Signature, typed or printed	If Hull	<i>U</i>	E: Registered Agent sign		reinstating) .	8/18/00 DATE
D. This corporation is eligible to Tax filing requirement and ele (See criteria on back)	cts to do so.	After SEPTEMBER 1 Make Check Payat	ole to Departme	II be \$750.00 nt of State	10. Election Campaign Fin Trust Fund Contribution	Added to Fees
ITLE D HULL, J.H			12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hull	Ditions/CHANGES TO OFF	Defiange Addition
ITLE D AME HULL, CAROL' TREET ADDRESS 1307 W. HIGH ITY-ST-ZIP PLANT CITY F	WAY 60	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Hull 606	CAROLUB. Charlie with	Audition Topials Rd 1a 33567
TLE D AME SULLIVAN, E.F 3475 GORDY I ITY-ST-ZIP FT. PIERCE FL	ROAD	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		🗋 Change 📃 Addition
TLE D SULLIVAN, JO IREET ADDRESS	ANN ROAD	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		Change 🔲 Addition
TLE ()) AME TREET ADDRESS ITY-ST-ZIP		🗆 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		Change Addition
ITTLE IAME STREET ADDRESS ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. <u> </u>	Change Addition
indicated on this report or su of the corporation or the rece changed, or on an attachmen SIGNATURE-	pplemental report is tr liver or trustee empowent with an address, with	ue and accurate and that r ered to execute this report	ny signature shal as required by C	have the same napter 607, Flor	e legal effect as if made under o	further certify that the information bath; that I am an officer or director appears in Block 11 or Block 12 if 8/3 737-/83 Daytime Phone #