SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEP TÉMBÉR 30, 1998. APPROVED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 NOV -5 PM 3:01 1998 DIVISION OF CORPORATIONS DOCUMENT # S 66548 SECRETARY OF STATE TALLAHASSEE, FLORIDA Hook & Associates, Inc. Principal Place of Business Mailing Address Rt. 2 Box 1551 Rt. 2 Box 1551 Ft. McCoy, Fl. Ft. McCoy, Fl. DO NOT WRITE IN THIS SPACE 32134 32134 3. Date Incorporated or Qualified 07 - 12 - 912. Principal Place of Business 21 2932 Hwy 19 South 4. FEI Number 2a. Mailing Address Applied For 2932 Hwy 19 South 59-3075810 26 Not Applicable Suite Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Ft. McCoy, Fl. Ft. McCoy Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 32134 32134 29 30 Personal Property Tax due June 30. X Yes 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name Rodney A. Hook Rt. 2 Box 1551 Jacqueline M. Hook ddress (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number 18 1907) 12 1 1 2 9 3 2 Hwy 19 South 82 Ft. McCoy, FL. 32134 83 -McCoy 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 are tamillar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LX DELETE HILE 1 1 TITLE Change ☐ Addition Director NAME 1.2 NAME Rodney A. Hook STREET ADDRESS. 1.3 STREET ADDRESS. Rt. 2 Box 1551 CITY-ST-ZIP 1.4 CITY+ST-ZIP McCoy, F1. 32134 DELETE TITLE Pres. 21 TITLE NAME 2.2 NAME Jacqueline M. Hook STREET ADDRESS 2932 Hwy 19 South 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY -ST-ZIP Ft. McCoy, FL. 32134 L DELETE 900002584619----TITLE 3 1 TITLE NAME 32 NAME -11/10/98--01069--011 STREET ADDRESS 3.3 STREET AODRESS \*\*\*\*\*61.50 \*\*\*\*\*61.50 CITY-ST-ZIP 3 4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.011Y-ST-ZIP CITY-ST-ZIP DELETE Change DITLE Addition STRIFF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST- ZIP ☐ DELETE TITLE 6 1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. 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 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 exemptation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

SIGNATURE:

STREET APPRESS

(2/98)

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