

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90016 015 ***150.00

DOCUMENT # S73048

1. Corporation Name

OUTLAW & HANKS REALTY, INCORPORATED

OUTLAW & HANKS, INCORPORATED

Principal Place of Business

P.O. BOX 1232
STARKE FL 32091

Mailing Address

P.O. BOX 1232
STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1991

4. FEI Number

59-3082789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11163 US HWY 301 S

Suite, Apt. #, etc.

22 Hampton FL

City & State

23 32044 BRADFORD

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

OUTLAW, LAVERN H.
205 N. TEMPLE AVE
SUITE A
STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name

Lavern H. Outlaw

82 Street Address (P.O. Box Number is Not Acceptable)

11163 US HWY 301 S

83

84 City

Hampton

FL

85 Zip Code

32044

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 Lavern H. Outlaw, President

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

(NOTE: Registered Agent signature required when reinstating)

1/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME OUTLAW, LAVERN H.
STREET ADDRESS 205 N. TEMPLE AVE
CITY-ST-ZIP STARKE FL

☐ DELETE

TITLE DST
NAME OUTLAW, ALMA T.
STREET ADDRESS 205 N. TEMPLE AVE
CITY-ST-ZIP STARKE FL

☐ DELETE

TITLE DV
NAME HANSK, MICHAEL
STREET ADDRESS 205 N TEMPLE AVENUE
CITY-ST-ZIP STARKE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Outlaw, Lavern H
1.3 STREET ADDRESS 11163 US HWY 301 S
1.4 CITY-ST-ZIP Hampton, FL 32044

☒ Change ☐ Addition

2.1 TITLE DST
2.2 NAME Outlaw, Alma T.
2.3 STREET ADDRESS 11163 US HWY 301 S
2.4 CITY-ST-ZIP Hampton, FL 32044

☒ Change ☐ Addition

3.1 TITLE DV
3.2 NAME Hanks, Michael
3.3 STREET ADDRESS 15951 SW CR# 227
3.4 CITY-ST-ZIP Starke, Florida 32091

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: Lavern H. Outlaw, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99

904-964-5478

CR2E034 (11/98)