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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000001964  
1. Corporation Name  
JUSTIN HESS SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business: 2260 PIRATES BAY DRIVE, FERNANDINA BEACH FL 32034  
Mailing Address: 2260 PIRATES BAY DRIVE, FERNANDINA BEACH FL 32034

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 04/08/1997  
4. FEI Number: 59-3443220  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: ALVAREZ, ALEXA, 308 1/2 CENTRE STREET, FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
PD	HESS, LOUIS H JR 2260 PIRATES BAY DRIVE FERNANDINA BEACH FL 32034		
VD	MACKOWSKI, LORI 2405 PIRATES BAY DRIVE FERNANDINA BEACH FL 32034		
TD	HESS, MARGARET 2260 PIRATES BAY DRIVE FERNANDINA BEACH FL 32034		
S	FRENCH, BEVERLY 1928 HIGHLAND DRIVE FERNANDINA BEACH FL 32034		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: \_\_\_\_\_ SIGNATURE REQUIRED  
Treasurer 2/5/99 277-4440

CR2E037 (1/98)