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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 698990

(9)

THE HOOD COMPANY OF GAINESVILLE, INC.

FILED Mar 06 1997 8:00am Secretary of State



Principal Plac 5517 N.W. 99' GAINESVILLE			Mailing Address 5517 N.W. 99TH TERRACE GAINESVILLE FL 32853-2807						
						3. Date incorporated or Qualified 08/07/1981		ite of Last	•
2. Principal P	Place of Business	2a. Mailing Addre	ess			4. FEI Number			Applied For
21		26				59-2114925		h	Not Applicable
Suite, Apt.	#, eta	Suite, Apt. #, i	etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27				o, Certificate of Status Desireo		Fee	Required
City & Stat	te	City & State				6. Election Campaign Financing	r 1		O May Be
23 Ζιρ	Country	28		untry		Trust Fund Contribution			d to Fees
24	25	29	30	ranti y		This corporation has liability for Florida Statutes	intangible Yes [s. 199.032,
<u></u>	9. Name and Address of Cu		30	Τ		10. Name and Address of New Re			
HΛ	OD, L FREDERICK			81	Name				
	17 NW 99TH TERRACE			82	Street Addr	ress (P.O. Box Number is Not Accepta	blo)		
	INESVILLE, FL			62	Street Addr	pas (F.O. DOX Number is Not Accepte	Die)		
326	-			83					
				84	City			85 Zi	p Code
				67	City		FL	00 21	p code
agent Lo	to the provisions of Sections 607 registered agent or both, in the Sinn familiar with, and accept the continue of the continue								
SIGNATURE	Stgraftier, typed or printed home of regis cu	d agen, and tile if applicable S AND DIRECTORS	(NOTE Register	red Agen		red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	ORS IN 12
SIGNATURE 12. THE	Signature, type for printed there of legislate OFFICE BS	d agen, and tile if applicable	(NOTE Register 13. LETE 1.1	red Agen		red when reinstating)	DATE		ORS IN 12
SIGNATURE 12. THE NAME	Signal ce, typed or printed mone of registers OFFICE AS P HOOD, L FREDERICK	d agen, and tile if applicable S AND DIRECTORS	(NOTE Register 13 LETE 1.1 1.2	red Agen TITLE	nt signature requir	red when reinstating)	DATE	DIRECTO	ORS IN 12
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mental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that feeling thrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is allochment with an address. information indicated on this annual regort of Lam an officer or director of the sorry ation appears in Block 12 or Block 13 if granger.

SIGNATURE: