

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 395666 (1)
1. Corporation Name
HESS MANAGEMENT, INC.



Principal Place of Business: **10102 WOODSONG WAY TAMPA FL 33618**
Mailing Address: **10102 WOODSONG WAY TAMPA FL 33618**

3. Date Incorporated or Qualified: **02/10/1972**
3a. Date of Last Report: **06/12/1995**
4. FEI Number: **59-1396866**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: **HESS, LUTHER F 10102 WOODSONG WAY TAMPA FL 33618**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: _____ (NOTE: Registered Agent's signature required when re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, HARRY L.	1.2 NAME	
STREET ADDRESS	10102 WOODSONG WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33618	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, ROBERT	2.2 NAME	
STREET ADDRESS	10102 WOODSONG WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33618	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, LUTHER F.	3.2 NAME	
STREET ADDRESS	10102 WOODSONG WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33618	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, CRAIG	4.2 NAME	
STREET ADDRESS	HWY. 79 AND HWY. 20	4.3 STREET ADDRESS	
CITY - ST - ZIP	EBRO FL 32437	4.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, STOCKTON R.	5.2 NAME	
STREET ADDRESS	HWY. 79 AND HWY. 20	5.3 STREET ADDRESS	
CITY - ST - ZIP	EBRO FL 32437	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACA, ROXANN S	6.2 NAME	
STREET ADDRESS	4015 CRYSTAL LAKE DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHIPLEY FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Luther F. Hess, Pres. 4-30-96 904-234-3943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)