

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33618-4214
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3. Date Incorporated or Qualified 02/10/1972	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 69-1396866	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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	FL	85 Zip Code	

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	T/D <input checked="" 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	S/D <input checked="" 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	V/D <input checked="" 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	P/D <input checked="" 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 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.

SIGNATURE: _____ Date **4-30-97** Daytime Phone # _____

FORM 994 (9/96)