

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

**FILED**

**Mar 25 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H28272 (3)**  
 1. Corporation Name  
**HICKOCK REALTY CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business % WILLIAM COONS 5362 COMPASS COVE PLACE FT. PIERCE FL 34949 US	Mailing Address % WILLIAM COONS 5362 COMPASS COVE PLACE FT. PIERCE FL 34949 US
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3. Date Incorporated or Qualified  
**11/01/1984**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>WILLIAM COONS</b> <b>5362 COMPASS COVE PLACE</b> <b>FORT PIERCE, FLA. 34949</b> 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 28 City & State 29 Zip 30 Country
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4. FEI Number  
**NOT APPLICABLE** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SMITH, DELAVAN**  
**ROUTE 1 BOX 744-50**  
**MOORE HAVEN FL 33471**

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 William (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP COONS, WILLIAM 5101 NORTH A1A FT. PIERCE FL	1.1 TITLE	D SHIRLEY M. COONS
NAME		1.2 NAME	5362 NORTH A1A
STREET ADDRESS		1.3 STREET ADDRESS	5362 COMPASS COVE FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FT. PIERCE, FL 34949
TITLE	DS COONS, THOMAS	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS	RT 44 BOX 232 MILLERTON NY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BAK, DEBORAH	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS	RT 44 BOX 232 MILLERTON NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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

SIGNATURE: William Coons 3-17-98 H64-2347

CR2E034 (10/97)