

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90178 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 132438

1. Corporation Name
HAWTHORNE INDUSTRIES, INC.

Principal Place of Business
**3114 TUXEDO AVE.
WEST PALM BEACH FL 33405**

Mailing Address
**3114 TUXEDO AVE.
WEST PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1936

4. FEI Number

59-0285881

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 **3611 Westgate Avenue**

Suite, Apt. #, etc.

22 City & State
23 **West Palm Beach, Florida**

24 Zip Country
33409-4957 U.S.A.

2a. Mailing Address
26 **3611 Westgate Avenue**

Suite, Apt. #, etc.

27 City & State
28 **West Palm Beach, Florida**

29 Zip Country
33409-4957 U.S.A.

9. Name and Address of Current Registered Agent

**HURD, JAMES M.
3114 TUXEDO AVE
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3611 Westgate Avenue

83

84 City
West Palm Beach

FL

85 Zip Code
33409-4957

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☐ DELETE
NAME **HURD, JAMES M.**
STREET ADDRESS **3114 TUXEDO AVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **SDVP** ☐ DELETE
NAME **STANFIELD, JAMES G.**
STREET ADDRESS **3114 TUXEDO AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **TP** ☐ DELETE
NAME **HURD, JAMES M.**
STREET ADDRESS **3114 TUXEDO AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **3611 Westgate Avenue**
1.4 CITY-ST-ZIP **West Palm Beach, Fl. 33409-4957**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS **3611 Westgate Avenue**
2.4 CITY-ST-ZIP **West Palm Beach, Fl. 33409-4957**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS **3611 Westgate Avenue**
3.4 CITY-ST-ZIP **West Palm Beach, Fl. 33409-4957**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/99 561-684-8400

Date Daytime Phone #

CR2E034 (11/98)