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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # 203155	(7)			
	H. BRANCH, INC.	` '			
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Principal Plac	e of Business	Mailing Address	William	T EMBELON DERDET ADIAN STEAM OFFIN MITCH BEING A	INIA NINIA BINIA NINIA NINIA 1881
2900 HWY 44	1 NORTH	PO BOX 598			
		PAHOKEE FL 33476	DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified	3 31 AOL
				06/04/1957	
2. Principal P	lace of Business	2s. Mailing Address		4. FEI Number	Applied For
21		26		59-0804813	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	<del></del>	27]			Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution   8. This corporation owes or has paid the components of the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registers	
BR	ANCH, HUGH H		81 Name		
	1 BACOM POINT RD.		B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
PAI	HOKEE FL 33476			, ,	
			63		
			84 City		■ B5 Zip Code
dd Diversion				F	<del>-</del>
office or r	<b>egistered</b> agent, or both, in the State o	of Honda, Such ch <b>ange w</b> as :	authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Fl	orida Statutes.		
SIGNATURE	Signature, typical or painted name of registered agen	t and lifter applicable (NO)	E Registered Agent signature requi	red when reinstating) DATE	
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	Branch, Hugh H		1.2 NAME		
STREET ADDRESS	2801 BACOM POINT RD.		1.3 STREFT ADDRESS		
CITY-ST-ZIP	PAHOKEE FL	DELETE	1.4 CITY-ST-ZIP		The state of the s
TITLE	STD BRANCH BARBADA	☐ DÉLETE	2.1 TITLE		Change Addition
NAME ATREET ARROSCO	BRANCH,BARBARA 2801 BACOM POINT RD.		2 2 NAME		
STREET ADDRESS CITY-ST-ZIP	PAHOKEE FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
TITLE	VPD	DELETE	31 TITLE		Change Addition
NAME	BRANCH, HUGH H JR.	<del></del>	3.2 NAME		
STREET ADDRESS	12201 HIGHWAY 441		3.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 THTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		Li precit	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			- O.O O.T.EC. TIDDILEDO		

14. Thereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation of the Block 12 or Block 13 if changed, with a high supplied of the corporation of the Block 12 or Block 13 if changed. for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information scurale and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

6.4 CITY - ST - ZIP