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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90131 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 246742**

1. Corporation Name

**DUTCHER-HIGGINBOTHAM & BASS, INC.**

Principal Place of Business

3601 S.E. OCEAN BLVD  
STUART FL 34996

Mailing Address

3601 S.E. OCEAN BLVD  
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/21/1961**

4. FEI Number

**59-0917523**

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

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUTCHER, STEPHEN M.**

**1141 SW PINE TREE LANE**

**PALM CITY FL 34996**

address change only

81 Name

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

**164 Edgewater Dr #2001**

83

84 City

**Stuart**

**FL**

85 Zip Code  
**34996**

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 **PD** ☐ DELETE

NAME **DUTCHER, STEPHEN M.**

STREET ADDRESS **1141 S.W. PINE TREE LANE**

CITY-ST-ZIP **PALM CITY FL**

TITLE **AS** ☐ DELETE

NAME **POTTER, MARTHA K "POLL"**

STREET ADDRESS **1456 NE OCEAN BLVD**

CITY-ST-ZIP **STUART FL**

TITLE **AT** ☐ DELETE

NAME **DUTCHER, LLOYD E**

STREET ADDRESS **184 NE EDGEWATER DR #1205**

CITY-ST-ZIP **STUART 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

11 TITLE **PDR** ☒ Change ☐ Addition

12 NAME **Stephen M. Dutcher**

13 STREET ADDRESS **164 Edgewater Dr #2001**

14 CITY-ST-ZIP **Stuart, FL 34996**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE **AT** ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS **Lloyd E. Dutcher**

34 CITY-ST-ZIP **1701 SW Capri St.**

**Palm City, FL 34990**

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

**STEPHEN M. DUTCHER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/2/99**

Daytime Phone #

**561-286-7600**

CR2E034 (11/98)