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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

423283

(1)

HICKS REALTY CORPORATION

| Principal Place of Business Mailing Address | | | | | | | | 4 EIEIF WINNI 1001 | |
|---|---|------------|---|-------------|----------|---------------------|--|-------------------------------|--|
| 4500 140TH AVENUE NO. SUITE 104 CLEARWATER FL 34622 | | | 4500 140TH AVENUE NO. SUITE 104 CLEARWATER FL 34622 | | | | DO NOT WRITE IN THIS SPACE | | |
| US | | | US | | | | 3. Date Incorporated or Qualified | | |
| - R | | | | | <u>-</u> | | 04/06/1973 | | |
| | lace of Business | 2a. 26 | 2a. Mailing Address | | | | 4, FEI Number | Applied For | |
| 21 Same Suite, Apt. #, etc. | | | 6 Same Suite, Apt. #, etc. | | | | 59-1467364 | Not Applicable 75 Additional | |
| 22 | | | 7 | | | | I E Certificate of Status Desired I I ' | e Required | |
| City & State | | | City & State | | | | 6. Election Campaign Financing \$5. | 00 May Be | |
| 23 | | | 28 | | | | | led to Fees | |
| Zip | Country | | Zip | Country | | | 8. This corporation owes or has paid the current year | | |
| 24 | 9. Name and Address of Curre | [29] | torad Agent | 30 | T | | Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent | □No | |
| 100 | | ur negis | rered Agent | | 81 | Name | 10. Name and Address of New Registered Agent | | |
| HICKS, CHARLES H III | | | | | | | | | |
| 4500 140TH AVENUE NO SUITE 104 | | | 82 Street | | | Street Addr | ddress (P.O. Box Number is Not Acceptable) | | |
| CLEARWATER FL 34622 | | | 83 | | | | | | |
| ODDANIAL I E OTOGE | | | 84 Ci | | | City | [act | Zip Code | |
| | | | | | 54 | City | FL 85 1 | zip Code | |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 60 | 07.1508, Florida Statu | ites, the a | bove | -named corp | oration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment | ng its registered | |
| agent. I a | m familiar with, and accept the oblig | gations of | , Section 607.0505, F | Iorida Sta | tutes | · ine corporat | ion's board or directors. Thereby accept the appointment | t as registered | |
| SIGNATURE | | | | | | | | | |
| 12. | Signature typed or printed name of registered ag OFFICERS AN | | | 113. | d Ager | nt signature requir | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIREC | TORS IN 12 | |
| TITLE | PD | 10 01111.0 | DELETE | 1.1 71 | TLE | | Char | | |
| NAME | HICKS, CHARLES H | | | 1.2 N | | | | | |
| STREET ADDRESS 4500 140TH AVE. NO, #104 | | | | 1.3 \$ | IREET / | ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER FL | | | 1.4 C | TY-S1 | r-ZIP | | | |
| TITLE | | | DELETE | E 2.1 TITLE | | | ☐ Char | nge 🔲 Addition | |
| NAME | | | | 2.2 N | AME | | | | |
| STREET ADDRESS | | | | 2.3 \$1 | REET | ADDRESS | | | |
| CITY-ST-ZIP | | | | | ITY-S | T - ZIP | | | |
| TITLE | | | DELETE | 3.1 T) | | | L.J Char | nge 🔲 Addition | |
| NAME | | | | 3.2 N | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | | | DELET E | 3.4. C | ITY-S | T-ZIP | ☐ Char | nge 🔲 Addition | |
| NAME | | | L. DELETE | 4. C II | | | Cital | ige Li Addition | |
| STREET ADDRESS | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | | 1Y-S1 | | | | |
| TITLE | | | DELETE | 5.1 Fi | | - 641 | ☐ Chan | ige Addition | |
| NAME | | | | 5.2 N/ | | | | - | |
| STREET ADDRESS | | | | | | ADDRESS | | İ | |
| CITY-ST-ZIP | | | | | TY-ST | | | | |
| TITLE | | | DELET E | 6.1 Ti | | | ☐ Chan | ge 🔲 Addition | |
| NAME | | | | 6.2 N/ | AME | | | | |

14. Thereby 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.

6.3 STREET ADDRESS

Marsa Lician The

1/6/98

813-538-8899

FILED

Jan 20 1998 8:00am

Secretary of State