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Secretary of State

03-03-1999 90027 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 423283

1. Corporation Name HICKS REALTY CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4500 140TH AVENUE NO. SUITE 104 CLEARWATER FL 34622 US
Mailing Address 4500 140TH AVENUE NO. SUITE 104 CLEARWATER FL 34622 US

3. Date Incorporated or Qualified 04/06/1973
4. FEI Number 59-1467364
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 13908 Lake Point Dr. 22 Clearwater, FL 23 33762 US
2a. Mailing Address 26 13908 Lake Point Dr. 27 Clearwater, FL 28 33762 US
29 33762 30 US

9. Name and Address of Current Registered Agent

HICKS, CHARLES H III
4500 140TH AVENUE NO
SUITE 104
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name Hicks, Charles H., III
82 Street Address (P.O. Box Number is Not Acceptable) 13908 Lake Point Drive
83
84 City Clearwater FL 85 Zip Code 33762

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, 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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (727) 538-8899
Date Daytime Phone #

CR2E034 (11/98)