

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90165 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 455162

1. Corporation Name
HUTCHINSON ISLAND INN, INC.



Principal Place of Business 3793 N. E. OCEAN BLVD. JENSEN BEACH FL 34957 US	Mailing Address 3793 N. E. OCEAN BLVD. JENSEN BEACH FL 34957 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/12/1974	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 73-0964829-	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DUNCAN JR, J. WALTER <input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DUNCAN JR, J. WALTER		1.2 NAME MARY LYNN LEEDY	
STREET ADDRESS 100 PARK AVE BLDG		1.3 STREET ADDRESS 100 PARJ AVE BLDG	
CITY-ST-ZIP OKLAHOMA CITY OK		1.4 CITY-ST-ZIP OKLAHOMA CITY, OK	
TITLE VD <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DUNCAN, NICHOLAS V		2.2 NAME	
STREET ADDRESS 100 PARK AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP OKLAHOMA CITY OK		2.4 CITY-ST-ZIP	
TITLE STD <input type="checkbox"/> DELETE		3.1 TITLE DAN, DENNIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DENNIS, DAN		3.2 NAME	
STREET ADDRESS 100 PARK AVE BLDG		3.3 STREET ADDRESS	
CITY-ST-ZIP OKLAHOMA CITY OK		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE ASSIST SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME DEADRE V JONES	
STREET ADDRESS		4.3 STREET ADDRESS 100 PARK AVE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP OKLAHOMA CITY, OK	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

CR2E034 (11/98)