

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90233 005 ***158.75

DOCUMENT # **489736**

1. Corporation Name
HAGER WORLDWIDE, INC.

Principal Place of Business
**12890 AUTOMOBILE BLVD. #A
CLEARWATER FL 33762
US**

Mailing Address
**12890 AUTOMOBILE BLVD. #A
CLEARWATER FL 33762
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1975

4. FEI Number **59-1709250** 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 **13322 Byrd Drive**
Suite, Apt. #, etc.

2a. Mailing Address
26 **13322 Byrd Drive**
Suite, Apt. #, etc.

23 **Odessa, FL**
City & State

28 **Odessa FL**
City & State

24 **33556** 25 **Pasco**
Zip Country

29 **33556** 30 **Pasco**
Zip Country

9. Name and Address of Current Registered Agent

**SCHNEIDER, NANCY G.
12890 AUTOMOBILE BLVD
SUITE A
CLEARWATER FL 33762**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
13322 Byrd Drive
83
84 **Odessa** 85 **FL** 86 **33556**
City State Zip Code

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 **Mark Schneider - Vice President** DATE **4/30/99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HAGER, MICHAEL	
STREET ADDRESS	12890 AUTOMOBILE BLVD #A	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, MARK W.	
STREET ADDRESS	12890 AUTOMOBILE BLVD SUITE A	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13322 Byrd Dr.
1.4 CITY-ST-ZIP	Odessa, FL 33556
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13322 Byrd Dr.
2.4 CITY-ST-ZIP	Odessa, FL 33556
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 **Mark Schneider**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
Date

(813) 926-7474
Daytime Phone #

CR2E034 (11/98)