FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) H. & W. BENNETT, INC. Principal Place of Business Mailing Address 601 S EUSTIS ST 601 S. EUSTIS ST. EUSTIS FL 32726 **EUSTIS FL 32726** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1977 2. Principal Place of Business 2a. Mailing Address NOT APPLICABLE 21 26 Suite, Apt. #, etc. Suite Apt #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Country Zip Country 8. This corporation owes or has paid the current year intangible Yes Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BENNETT, WAYNE 801 S EUSTIS ST 82 Street Address (P.O. Box Number is Not Acceptable) **EUSTIS FL 32726** 83 **B4** City 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 migistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change BENNETT, HELEN 1.2 NAME NAME 801 S EUSTIS ST STREET ADDRESS 1.3 STREET ADDRESS **EUSTIS FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP

64 CITY-ST-ZIP 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 roport 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 changild, or on an altractment with an address.

51 TITLE

5.2 NAME

61 TITLE

62 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

DELETE

DELETE

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

Addition

Addition

Addition

☐ Addition

___ Addition

Addition

Applied For

Fee Required

Added to Fees

Zip Code

Not Applicable