

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90115 050 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 603079**

1. Corporation Name  
**T. JACK HAWKINS ENTERPRISES, INC.**

Principal Place of Business 767 WINDERMERE WAY PALM BEACH GARDENS FL 33418 US	Mailing Address 767 WINDERMERE WAY PALM BEACH GARDENS FL 33418 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1211 Manor Drive</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>1211 Manor Drive</b> Suite, Apt. #, etc. 27
23 <b>Singer Island FL</b> City & State Zip <b>33404</b> Country <b>Palm Beach</b>	28 <b>Singer Island FL</b> City & State Zip <b>33404</b> Country <b>Palm Beach</b>

3. Date Incorporated or Qualified <b>09/07/1971</b>	4. FEI Number <b>59-1359386</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
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

**HAWKINS, T JACK**  
**1000 POWELL DRIVE**  
**RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent

81 Name <b>Hawkins, T Jack</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3400 N Ocean Ave</b>
83 <b>APT 406</b>
84 City <b>Singer Island</b> FL 85 Zip Code <b>33404</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>HAWKINS, T JACK</b>	
STREET ADDRESS <b>767 WINDERMERE WAY</b>	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>	
TITLE <b>PST</b>	<input type="checkbox"/> DELETE
NAME <b>EDGAR, CARRIE H</b>	
STREET ADDRESS <b>767 WINDERMERE WAY</b>	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>	
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 <b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Hawkins T Jack</b>	
1.3 STREET ADDRESS <b>3400 N Ocean Ave</b>	
1.4 CITY-ST-ZIP <b>Singer Island FL 33404</b>	
2.1 TITLE <b>PST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Edgar, Carrie</b>	
2.3 STREET ADDRESS <b>1211 Manor Drive</b>	
2.4 CITY-ST-ZIP <b>Singer Island, FL 33418</b>	
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: Carrie H Edgar CARRIE H EDGAR 1/15/99 561-863-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)