# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **829914** **(1)**

1. Corporation Name
**HUTCHINS CO., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1195 KAPP DRIVE<br>CLEARWATER FL 34625 | 1195 KAPP DRIVE<br>CLEARWATER FL 34625 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 04/16/1973 | 3a. Date of Last Report: 04/27/1994 |
| 4. FEI Number: 43-0727722 | ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No | |

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 | Country — 30

**9. Name and Address of Current Registered Agent**

HUTCHINS, W.L.
654 HARBOR ISLAND
CLEARWATER FL

**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

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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when mailed)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | TD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HUTCHINS, LUELLA F | 12 NAME | |
| STREET ADDRESS | 654 HARBOR ISLAND | 13 STREET ADDRESS | |
| CITY ST ZIP | CLEARWATER, FL 00000 | 14 CITY ST ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | HUTCHINS, W L | 22 NAME | |
| STREET ADDRESS | 654 HARBOR ISLAND | 23 STREET ADDRESS | |
| CITY ST ZIP | CLEARWATER, FL 00000 | 24 CITY ST ZIP | |
| TITLE | PD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | HUTCHINS, WILLIAM JR | 32 NAME | |
| STREET ADDRESS | 2505 HEADLAND | 33 STREET ADDRESS | |
| CITY ST ZIP | ST CHARLES, MO 00000 | 34 CITY ST ZIP | |
| TITLE | V | 41 TITLE | ☐ Change ☐ Addition |
| NAME | HUTCHINS, G L | 42 NAME | |
| STREET ADDRESS | 945 LAKE FOREST RD | 43 STREET ADDRESS | |
| CITY ST ZIP | CLEARWATER, FL 00000 | 44 CITY ST ZIP | |
| TITLE | V | 51 TITLE | ☒ Change ☐ Addition |
| NAME | HUTCHINS, RICHARD L. | 52 NAME | |
| STREET ADDRESS | 1862 SHARONDALE | 53 STREET ADDRESS | PO Box 4584 |
| CITY ST ZIP | CLEARWATER FL | 54 CITY ST ZIP | Clearwater, FL |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 alteration.

**SIGNATURE:** _____ VP 4-28-95 1-813-443-4408
(SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR) (Date) (Telephone Number)

0360355 CP