

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90146 036 ***150.00

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

DOCUMENT # 833510

1. Corporation Name

H.G.L. CORPORATION, OF ILLINOIS'

Principal Place of Business

3808 GLEN OAKS MANOR
SARASOTA FL 34232
US

Mailing Address

3808 GLEN OAKS MANOR DRIVE
SARASOTA FL 34232
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1974

4. FEI Number

36-6111203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LOWE, RICHARD M.
3808 GLEN OAKS MANOR DR.
SARASOTA FL 34232

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	LOWE, GLORIA	
STREET ADDRESS	3808 GLEN OAKS MANOR DR	
CITY-ST-ZIP	SARASOTA FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOWE, RICHARD	
STREET ADDRESS	3808 GLEN OAKS MANOR DR	
CITY-ST-ZIP	SARASOTA FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOWE, DERRICK	
STREET ADDRESS	1405 BEDFORD RD.	
CITY-ST-ZIP	HOFFMAN ESTATES IL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PITMAN, DEE LOWE	
STREET ADDRESS	217 MARTINET #23	
CITY-ST-ZIP	LONDON ON	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWE, DOUGLAS	
STREET ADDRESS	8985 NORMANDY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWE, DARRELL	
STREET ADDRESS	512 TOWER ROAD	
CITY-ST-ZIP	FOX RIVER GROVE IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34232

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	34232

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	60195

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	N50 4P5

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32221

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	P.O. Box 181
6.4 CITY-ST-ZIP	Fox River Grove 60021

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:

Gloria J. Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 941-957-3228
Date Daytime Phone #

CR2E034 (11/98)