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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F14337

1. Corporation Name

J.P. HINDE, ENTERPRISES, INC.

Principal Place of Business

1225 NW 21ST ST STE 3207
STUART FL 34994

Mailing Address

1225 NW 21ST ST STE 3207
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1981

4. FEI Number

59-2085585

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

2a. Mailing Address

21 3801 S.W. KAKOPO ST.

26 3801 S.W. KAKOPO ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PORT ST. LUCIE, FL.

27 PORT ST. LUCIE, FL.

City & State

City & State

23 34953 USA

28 34953 U.S.A.

Zip

Country

Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

HINDE, JOHN P
1225 NW 21ST ST SUITE 3207
STUART, FL

10. Name and Address of New Registered Agent

81 Name

HINDE, JOHN P.

82 Street Address (P.O. Box Number is Not Acceptable)

3801 S.W. KAKOPO ST.

83

PORT ST. LUCIE

84

City

FL

85 Zip Code

34953

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

JOHN P. HINDE

JOHN P. HINDE

4/27/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
HINDE, JOHN P
STREET ADDRESS
1225 NW 21ST ST #3207
CITY-ST-ZIP
STUART, FL 00000

TITLE ☐ DELETE

NAME
HINDE, BARBARA L
STREET ADDRESS
1225 NW 21ST ST #3207
CITY-ST-ZIP
STUART, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

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☐ Addition

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:

JOHN P. HINDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

DATE

561-340-1401

DAYTIME PHONE #

CR2E034 (11/98)