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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:54

DOCUMENT # **F20698** **(9)**

1. Corporation Name
PORT INGLIS DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
555 W. HWY 40 P O BOX 898 INGLIS FL 32649-7898	555 W. HWY 40 P O BOX 898 INGLIS FL 32649-7898

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1981
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2374435 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: 34449
Country — 25
Zip — 29: 34449-0898
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HAWTHORNE, RICHARD D.
COUNTY RD 40-A
INGLIS FL 32649

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 34449

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	HAWTHORNE, DEAN	12 NAME	
STREET ADDRESS	400 HAMMOCK RD.	13 STREET ADDRESS	
CITY ST ZIP	INGLIS FL	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	HAWTHORNE, EVA	22 NAME	
STREET ADDRESS	35 N. HAWTHORNE DR.	23 STREET ADDRESS	
CITY ST ZIP	INGLIS, FL 00000	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	HAWTHORNE, RICHARD D.	32 NAME	
STREET ADDRESS	400 HAMMOCK RD.	33 STREET ADDRESS	
CITY ST ZIP	INGLIS FL	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	HAWTHORNE, MAGDALENE E	42 NAME	
STREET ADDRESS	400 HAMMOCK RD.	43 STREET ADDRESS	
CITY ST ZIP	INGLIS, FL 00000	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	HAWTHORNE, NATHAN	52 NAME	
STREET ADDRESS	400 HAMMOCK RD	53 STREET ADDRESS	
CITY ST ZIP	INGLIS FL	54 CITY ST ZIP	
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 address.

SIGNATURE: Magdalene E. Hawthorne Magdalene E. Hawthorne 3-27-95 904-447-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #