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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F20698

(9)

1. Corporation Name:
PORT INGLIS DEVELOPMENT, INC.



Principal Place of Business

555 W. HWY 40
P O BOX 898
INGLIS FL 34449
US

Mailing Address

555 W. HWY 40
P O BOX 898
INGLIS FL 34449-0898
US

3. Date Incorporated or Qualified
02/20/1981

3a. Date of Last Report
05/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2374435

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

9. Name and Address of Current Registered Agent

HAWTHORNE, RICHARD D.
COUNTY RD 40-A
INGLIS FL 34449

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 type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAWTHORNE, DEAN	
STREET ADDRESS	5830 SE 194TH LANE	
CITY-ST-ZIP	INGLIS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAWTHORNE, EVA	
STREET ADDRESS	35 N. HAWTHORNE DR.	
CITY-ST-ZIP	INGLIS, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAWTHORNE, RICHARD D.	
STREET ADDRESS	400 HAMMOCK RD.	
CITY-ST-ZIP	INGLIS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAWTHORNE, MAGDALENE E	
STREET ADDRESS	400 HAMMOCK RD.	
CITY-ST-ZIP	INGLIS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAWTHORNE, NATHAN	
STREET ADDRESS	73 N. HAWTHORNE DR.	
CITY-ST-ZIP	INGLIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE: *Magdalene E. Hawthorne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97 352-447-2222
Date Daytime Phone #

CR2E034 (9/96)