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Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90023 050 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F20698

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  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HAWTHORNE, RICHARD D.  
19490 SE HAMMOCK RD  
INGLIS FL 34449

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1981

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 owes the current year Intangible

Personal Property Tax.

Yes

No

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 VD ☐ DELETE

NAME HAWTHORNE, DEAN  
STREET ADDRESS 5830 SE 194TH LANE  
CITY-ST-ZIP INGLIS FL

TITLE TD ☐ DELETE

NAME HAWTHORNE, EVA  
STREET ADDRESS 35 N. HAWTHORNE DR.  
CITY-ST-ZIP INGLIS, FL 00000

TITLE PD ☐ DELETE

NAME HAWTHORNE, RICHARD D.  
STREET ADDRESS 19490 SE HAMMOCK RD  
CITY-ST-ZIP INGLIS FL

TITLE S ☐ DELETE

NAME HAWTHORNE, MAGDALENE E  
STREET ADDRESS 19490 SE HAMMOCK RD  
CITY-ST-ZIP INGLIS, FL 00000

TITLE VD ☐ DELETE

NAME HAWTHORNE, NATHAN  
STREET ADDRESS 73 N. HAWTHORNE DR.  
CITY-ST-ZIP INGLIS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 *Magdalena Hawthorne* SIGNATURE REQUIRED *Magdalena E. Hawthorne* 4-19-99 352-447-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)