FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT SECRETARY OF STATE DIVISION OF CORPORATIONS Secretary of State 1995 DIVISION OF CORPORATIONS 95 JM120 AM 8: 18 F29035 DOCUMENT # (5)**HUTTON-AMERICAN CORPORATION** Principal Place of Business Mailing Address 1001 EDGEMONT PL P O BOX 353 BRANDON FL 33511 BRANDON FL 33509 DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1981 04/15/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2193892 21 26 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, atc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 \Box Added to Fees Country Country This corporation has liability for intangible tax under S. 199.032, 24 29 Yes Ŭ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HUTTON, ALICE, DR Street Address (P.O. Box Number is Not Acceptable) **429 E BRANDON BLVD** BRANDON FL 33511 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1. 1 TITLE Change HUTTON, ALICE DR NAME 1.2 NAME **433 E BRANDON BLVD** STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 1.4 CITY+ST-ZIP TITLE 2.1 TITLE Change Addition **HUTTON, ALICE DR** NAME 2.2 NAME 429 E BRANDON BLVD STREET ADDRESS 2.3 STREET ADDRESS BRANDON, FL 00000 CITY - ST - ZIP 2.4 CITY-ST-ZIP TITLE 3.1, TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY+ST-ZIP TITLE 4.1 TITLE Change Addition NAME 4.2 HARIE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-2/P THE 5.1 TITLE Change Addition HAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE 6 1 MILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - 789 6.4 CITY-ST-7IP 14. I do hereby certily that the information supplied with this librig is voluntimly furnished and does not qualify for the exemption stated in Section 1.19.07(3)[k]. Florida Statutes, I further certify that the information indicated on this ansual report or supplemental annual report is true and accurate and that my signature shall trave the same legal effect es 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 one appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Men AND TYPED ON PRINTED HAME OF BIGHING OFFICER ON DIRECTOR