

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F41344**

(5)

1. Corporation Name

**HAWKHIRST ENTERPRISES, INC.**

Principal Place of Business

C/O COOK, BARBARA B.  
5050 GULF BLVD.  
ST. PETERSBURG BEACH FL 33706

Mailing Address

C/O COOK, BARBARA B.  
5050 GULF BLVD.  
ST. PETERSBURG BEACH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/21/1981**

4. FEI Number

**59-2214213**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 **C/O CHRISTINE KOLB**

26 **THE GATEWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **5050 GULF BLVD**

27 **HAWKHIRST ROAD**

City & State

City & State

23 **ST PETERSBURG BEACH FL**

28 **KENLEY SURREY**

Zip

Country

Zip

Country

24 **33706**

25

29 **CR8 SFL**

30

**U-K**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, BARBARA B.  
3725 42ND AVE., S.  
ST. PETERSBURG FL 33711

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE

NAME **COX, CAROLYN MOLLY**

STREET ADDRESS **HAWKHIRST ROAD**

CITY-ST-ZIP **KENLEY SURREY, ENG 00000**

TITLE **PD** ☐ DELETE

NAME **COX, JOHN ALAN**

STREET ADDRESS **HAWKHIRST ROAD**

CITY-ST-ZIP **KENLEY SURREY, ENG 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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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.

SIGNATURE:

**JOHN ALAN COX** JAN 15 98

813 867 9111

CR2E034 (10/97)