

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90100 036 ***150.00

DOCUMENT # F41344

1. Corporation Name
HAWKHIRST ENTERPRISES, INC.

Principal Place of Business

C/O CHRISTINE KOLB
5050 GULF BLVD
ST PETERSBURG BEACH FL 33706
US

Mailing Address

THE GATEWAY
HAWKHIRST ROAD
KENLEY SU CR858
US

2. Principal Place of Business

21 C/O KAREN AYERS

2a. Mailing Address

26 THE GATEWAY

22 Suite, Apt. #, etc.:
5500 GULF (BLVD)

27 Suite, Apt. #, etc.:
HAWKHIRST ROAD

23 City & State
ST PETERSBURG BEACH FL

28 City & State
KENLEY SURREY

24 Zip 33706 Country USA

29 Zip CR858L Country U.K.

9. Name and Address of Current Registered Agent

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

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
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 S
NAME COX, CAROLYN MOLLY
STREET ADDRESS HAWKHIRST ROAD
CITY-ST-ZIP KENLEY SURREY, ENG 00000

TITLE PD
NAME COX, JOHN ALAN
STREET ADDRESS HAWKHIRST ROAD
CITY-ST-ZIP KENLEY SURREY, ENG 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 16 1999

Date

Daytime Phone #

0000923

CR2E034 (1/1/98)