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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F53021

(4)

H C FINANCIAL CORP.

FILED
Jan 28 1997 8:00am
Secretary of State

Division In									
Principal Place of Business  155 NORTH BRIDGE STREEET P. O. BOX 2020  LABELLE FL 33935		Mailing Address 155 NORTH BRIDGE STREEET P. O. BOX 2020 LABELLE FL 33975-2020			* ************************************	***** <b>***</b> *** <b>***</b> *** <b>*</b>	reit <b>Viyil (</b>		
						<ol> <li>Date incorporated or Qualified 11/06/1981</li> </ol>	3a. Date ( 02/01/		eport
2. Principal Place of Business 21		2a. Mailing Address 26				4. FEI Number			oplied For ot Applicable
Suite, Apr 22	#, etc	Suite, Apt. #, etc 27	C.			5. Certificate of Status Desired			Additional
City & Stat		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
Zip 24	Country 25	Zip <b>29</b>	30	Country		8. This corporation has liability for Florida Statutes	intangible tax		. 199.032,
£7	9, Name and Address of Curre		30			10. Name and Address of New Re			
CUR	RTIS, KENNETH J			81	Name		•		
	5 FT, DENAUD RD.			82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
LABI	ELLE FL 33935			83					<del></del>
				84	City		FL <sup>8</sup>	<b>5</b> Zip (	Code
Office of i	to the provisions of Sections 607.056 registered agent, or both in the State am familiar with, and accept the oblig	not Florida. Such change.	was authori	izad hv	the cornors	rporation submits this statement for the pation's board of directors. I hereby acce	ourness of ohe	anging it ment as	s registered registered
SIGNATURE	Signature typed or on real sums of registered ag	ect and title if sont cable	(NOTE: Reas)	tered Agen	it sionatura race	uired when reinslating)	DATE		·
12.	·	ID DIRECTORS		13.	it signature requ	ADDITIONS/CHANGES TO OFFI		RECTOR	3S IN 12
TITLE	D	DELET	E 1.	.1 TITLE	,			Change	Addition
NAME	UNER, EMEL		1.	.2 NAME					
STREET ADDRESS	3831 TURTLE DOVE BLVD		1.	3 STREET A	ADDRESS -				
CITY - ST - ZIP	PUNTA GORDA FL VCD	T proce		4 CITY - ST	- ZIP				
TITLE NAME	PERRY, THOMAS	DELET	■ -	1 TITLE			L	Change	Addition
STREET ADDRESS	HIGHWAY 27, NORTH			2 NAME 3 Street A	DDBECC				
CITY-SI-ZIP	MOORE HAVEN FL			4 CITY-SI					
TITLE	CD	DELET		1 TITLE	- 201			Change	Addition
NAME	NOBLES, LEWIS J., JR		3	2 NAME					
STHEET ADDRESS	FT THOMPSON STREET		3	3 STREET A	ADDRESS				
City-St 7/P	LABELLE FL			4. CITY - ST	r-ZIP				
TILLE	VPD	🔀 DELET		1 TITLE				Change	Addition
NAME	YEOMANS, ROBERT L., JR 1840 FT. DENAUD RD.			2 NAME					
STREET ADDRESS	LABELLE FL		1	3 STREET A					
CHY-ST-7/P	SO	DELET		4 City-St 1 Title	- ZIP			Change	Addition
NAME	RASMUSSEN, BERNARD	the state of		2 NAME				J.~	raoad
STREET ADDRESS	4535 FT. DENAUD RD.			3 STREET A	ADDRESS				
CITY-ST-ZIF	LABELLE FL			4 CITY - ST					
TITLE	D	☐ DELET		6.1 TITLE				Change	Addition
NAME	DAVIDSON, BEAUFORD		6.3	2 NAME					
STREET ADDRESS	BRIDGE STREET		6.3	3 STREET A	ADDRESS				
CITY-ST-ZIP	LABELLE, FL 00000	of with this films slage and		4 CITY - ST		ed in Section 119.07(3)(i), Florida Statute	. 16-2	-116 · 12 · 1	
informatic Lam an o	on indicated on this annual report or s officer or director of the corporation of In Block 12 or Block 13 if changed, o	supplemental annual repo r the receiver or trustee et	irt is true an mpowered t n address.	d accur	ate and the	to in Section 119.07(3)(i), Frorida Statute at my signature shall have the same legant as required by Chapter 607, Florida S	u offoot oo it o	nada um	dar aath, that
SIGNAT	TURE: Bernud	REPRINTED NAME OF SIGNING OF	اسلوط	ECTOR	, and	1/21/97 Date	941-67 Daytime	5~/ e Phone #	3/3