

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

FILED  
Jan 16 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 # **F93000003589 (9)**

1. Corporation Name

**HOTWAGNER LEASING COMPANY**

Principal Place of Business

Mailing Address

**15220 PORTS OF IONA DR  
201  
FT MYERS FL 33908  
US**

**15220 PORTS OF IONA DR  
201  
FT MYERS FL 33908  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/03/1993**

4. FEI Number

**65-0424531**

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 15220 PORTSIDE DR.**

**26 15220 PORTSIDE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 201**

**27 201**

City & State

City & State

**23 FORT MYERS FL.**

**28 FORT MYERS FL.**

Zip

Zip

**24 33908**

**29 33908**

Country

Country

**25 LEE**

**30 LEE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOTWAGNER, ALBERT C  
15220 PORTS OF IONA DR  
201  
FT MYERS FL 33908**

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 607.0702 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered mail, 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

**ALBERT C. HOTWAGNER (PRESIDENT)**

**1-7-98**

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 **PSTD** DELETE

NAME **HOTWAGNER, ALBERT C**

STREET ADDRESS **15220 PORTS OF IONA DR #201**

CITY - ST - ZIP **FT MYERS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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

**PSTD HOTWAGNER ALBERT C**

**15220 PORTSIDE DR #201**

**FORT MYERS, FL 33908**

☐ 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 in an attachment with an address.

SIGNATURE **ALBERT C. HOTWAGNER**

**1-7-98 (941) 433-7775**

CR2E034 (10/97)