

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1999

DOCUMENT # F98000006423

1. Corporation Name
HITECH HOLDINGS, INC.

Principal Place of Business
ATTN: GEORGE H. PAIN, ESQ.
10101 9TH ST N.
ST PETERSBURG FL 33716

Mailing Address
ATTN: GEORGE H. PAIN, ESQ.
10101 9TH ST N.
ST PETERSBURG FL 33716

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90026 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/23/1998

4. FEI Number
71-0693417

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

2. Principal Place of Business
21 **1/2 Mile West Hwy 203**

2a. Mailing Address
26 **ATTN: LINDA CASSELY**

22 Suite, Apt. #, etc.

27 **10101 9TH ST. NORTH**

23 City & State
Woodberry, AR 72464

28 City & State
ST. PETERSBURG, FL

24 Zip
71744

29 Zip
33716

30 Country
USA

9. Name and Address of Current Registered Agent

PAIN, GEORGE H ESQ
10101 9TH ST N.
ST PETERSBURG FL 33716

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DEMAIRE, J. DOUGLAS
10101 9TH ST N.
ST PETERSBURG FL 33716

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
CURLEY, STEPHEN C
10101 9TH ST N.
ST PETERSBURG FL 33716

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
PAIN, GEORGE H ESQ
10101 9TH ST N.
ST PETERSBURG FL 33716

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
HUDKINS, JACK W ESQ
10101 9TH ST N.
ST PETERSBURG FL 33716

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
S
HUDKINS, JACK W ESQ
10101 9th ST N
ST PETERSBURG FL 33716

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE H. PAIN **1/25/99** **727-578-8116**

Date

Daytime Phone #

CR2E034 (1/98)