

\$150

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 11 AM 8:00

DOCUMENT # F98000006673

1. Entity Name
HLC MAIN GATE, INC.

011116



Principal Place of Business

7080 ABERCORN STREET
SAVANNAH, GA 31406

Mailing Address

7080 ABERCORN STREET
SAVANNAH, GA 31406



05062004

No Chg-P

CR2E034 (10/03)

MPS

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4. FEI Number
59-3544105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PC
NAME HAMMOND, J. R.
STREET ADDRESS 7080 ABERCORN STREET
CITY-ST-ZIP SAVANNAH, GA 31406

TITLE VVCS
NAME AIMONE, CHARLES M.
STREET ADDRESS 7080 ABERCORN STREET
CITY-ST-ZIP SAVANNAH, GA 31406

TITLE TD
NAME ROBERTS, CHARLES H.
STREET ADDRESS 7080 ABERCORN STREET
CITY-ST-ZIP SAVANNAH, GA 31406

TITLE D
NAME SAULS, G. G.
STREET ADDRESS 7080 ABERCORN STREET
CITY-ST-ZIP SAVANNAH, GA 31406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 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

CHARLES M. AIMONE, SEC.

Date

5/7/04

Daytime Phone #

912-352-4413