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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G23666

(2)

JOHN H. HILDEBRANDT ENTERPRISES, INC.

## FILED Apr 14 1998 8:00am Secretary of State

Principal Place	o of Business	M	ailing Address					-			BION DION NO PE
% CAROL HILDEBRANT		9	% CAROL HILDEBRANT 2386 TIMBERCREST CIRCLE W. CLEARWATER FL 34623								
2386 TIMBERCREST CIRCLE W. CLEARWATER FL 34623		2					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified		***	
								02/11/1983			
<u>⊢</u> i `	lace of Business	2a.	Mailing Address					4. FEI Number			Applied For
21		26						59-2253979			Not Applicable
Suite, Apt.	#, etc.	ļ	Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional
22		[27]	0					ļ			Required
City & State			City & State					6. Election Campaign Financing	г	•	00 May Be
Zip Country		. [28]	Zip Country				Trust Fund Contribution	Ц.,		ed to Fees	
Zip 33つ	Country	1	<sup>11</sup> 33763	30	untry	,		8. This corporation owes or has pa	-	rent year	Intangible  No
24 00	9. Name and Address of Curre	29  nt Begis	tered Agent	[30]	Т			Personal Property Tax due June 10. Name and Address of New Re			
LON	- <del></del>	it tiogio	iciou rigoni	. —	81	Name		10. Hamo una ricaroso or rich ric	Biotoroa	- agoin	
	DERBRANT, CAROL					1 1 1 1 1 1					
2386 TIMBERCREST C.R.W. Clearwater FL 34623						Stree	t Addre	dress (P.O. Box Number is Not Acceptable)			
CL	EARWAIEN FL 34023				83				-		
					84	City			FL	85 - 3	ip Code
								oration submits this statement for the	ourpose of		
office or re	e <b>gistere</b> d agent, or both, in the State m f <b>a</b> miliar with, and accept the oblic	⊧of Etoric entions of	da. Such change was L. Section 607 0505 - E	authoriza Iorida Sta	ed by	y the oc	rporatio	on's board of directors. I hereby acce	pt the app	ointment	as registered
SIGNATURE				iconda en	2,11101	<b>J</b> .					
SIGNATURE	Signature, typed or printed name of registered ag	ent and little	if applicable (NO	If Register	ed Age	out signatu	ne tequired	d when reinstating)	DATE		
12.	OFFICERS AN	D DIREC		13.				ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	P		☐ DELETE		1.1 TITLE					☐ Chang	ge L Addition
NAME	HILDEBRANDT, JOHN H.			1.21	NAME						
STREET ADDRESS	2386 TIMBERCREST CIR W			1.3 5	STREET	ADDRESS	,				
CITY-ST-ZIP	CLEARWATER FL			1,4 (	011Y - S	1- ZIP					
TITLE	ST .		☐ DELETE	2.11	HTLE					L Chang	ge Addition
NAME	HILDEBRANDT, CAROL			2.2 !	MAME						
STREET ADDRESS	2386 TIMBERCREST CIR W			235	STREET	ADORESS					
CITY-ST-ZIP	CLEARWATER FL			2.4	CITY - S	ST-7IP	ļ		·		
TITLE			☐ DELETE	3.11	MLE					L Chang	e L_J Addition
NAME				3.21	NAME		1				
STREET ADDRESS				3.3 9	STREET	ADDRESS	,				
CITY-ST-ZIP				3.4.	CHY-S	ST-ZIP	<u> </u>		<del> </del>		
TITLE			☐ DELETE	4.11	TITLE						je 🔛 Addition
NAME				4.2	NAME						
STREET ADDRESS				4.3 5	STREET	ADDRESS					
CITY-ST-ZIP				4.4 0	CHY-S	T-ZIP	4				
TITLE			☐ DELETE	5.11	IRLE					☐ Chang	je 🔲 Addition
NAME				521	NAME		1				
STREET ADDRESS				538	STHEET	ADDRESS					
CITY-SI-ZIP				5.4 0	HTY-S	T- 71P					
TITLE			☐ DELETE	6.11	ITLE					Chang	e 🔲 Addition
NAME				6.2 h	IAME						
STREET ADDRESS				6.3 5	STREET	ADDRESS	. [				

6.4 City-st-zip

14. Thereby 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 of changed, or on an attachment with an address.