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 #

(1)

HIAWATHA, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

8500 NAVARRE PKWY.

NAVARRE FL 32566

21

22

23

24

Zip

Mailing Address

2708 HWY 87 NAVARRE FL 32566

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

29

9. Name and Address of Current Registered Agent

Feb 05 1998 8:00am Secretary of State

FILED



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

939-2660

Not Applicable

02/17/1983

59-2269230

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

WELLS, EDWIN L		8	1 Nar	ime	
2708 HWY 87		l _a	2 Stre	eet Address (P.O. Box Number is Not Acceptable)	
NAVARRE FL 32566					oct radioss (1,5. Dox rading) is thet reseptaging
			8	3	
			<u> </u>	4 City	v 85 Zip Code
			ľ	- Oil	FL (8) 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 tills if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	110-2.11	13.	gen sign	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	WELLS, EDWIN L.		1.2 NAM		
STREET ADDRESS	2829 HWY 87		1,3 STRE	- et addre	ESS
CiTY-ST-ZIP	NAVARRE FL		1.4 CITY	- ST - ZIP	
TITLE	DS	DELETE	2.1 TITU		Change Addition
NAME	WELLS, JULIA H.		2.2 NAM	É	
STREET ADDRESS	2829 HWY 87		2.3 STRE	ET ADDRE	ess
CITY-ST-ZIP	NAVARRE FL		2. 4 CITY	-ST-ZIP	
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	HARVELL, JAMES M.	i	3.2 NAM	•	İ
STREET ADDRESS	6824 E BAY BLVD.		3.3 STRE	ET ADDRES	ESS
CITY-ST-ZIP	GULF BREEZE FL		3.4. CITY	-ST-ZIP	
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	Harvell, edna B.		4. 2 NAM	E	ļ
STREET ADDRESS	6824 E BAY BLVD.		4.3 STRE	et addre	ESS
CŧTY - ST - ZIP	GULF BREEZE FL		4.4 CITY	ST-ZIP_	<u> </u>
TITLE		DELETE	5.1 TITLE	,	☐ Change ☐ Addition
NAME			5.2 NAMI		
STREET ADDRESS			5.3 STRE	ET ADDRES	ess (
CITY-ST-ZIP			5.4 CITY	ST-ZIP	
TITLE		DELETE	6.1 TITLE		L Change L Addition
NAME			6.2 NAME	!	
STREET ADDRESS			6.3 STRE	T ADDRES	iss
CITY-ST-ZIP			6.4 CITY		
14. I hereby certify that the information supplied with this filling 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 control of the					

Country

30