

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90149 009 ***150.00

DOCUMENT # G31817

1. Corporation Name

HATCHER SUPPLY COMPANY, INC.

Principal Place of Business

916 E PALMETTO AVENUE
MELBOURNE FL 32901

Mailing Address

916 E PALMETTO AVENUE
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1983

4. FEI Number

59-2271490

Applied For

Not Applicable

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HATCHER, MARY E.
964 S. SHANNON AVENUE
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name

HATCHER, DAVID C SR

82 Street Address (P.O. Box Number is Not Acceptable)

964 S SHANNON AV.

83

84 City

INDIALANTIC

FL

85 Zip Code

32903

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 PD
NAME HATCHER, MARY E.
STREET ADDRESS 964 S. SHANNON AVENUE
CITY-ST-ZIP INDIALANTIC FL

☐ DELETE

TITLE STD
NAME HATCHER, DAVID C. SR
STREET ADDRESS 964 S. SHANNON AVENUE
CITY-ST-ZIP INDIALANTIC FL

☐ DELETE

TITLE VP
NAME HATCHER, DANIEL L.
STREET ADDRESS 964 S. SHANNON AVE
CITY-ST-ZIP INDIALANTIC FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 PRES
1.2 NAME HATCHER, DAVID C SR
1.3 STREET ADDRESS 964 S. SHANNON AV
1.4 CITY-ST-ZIP INDIALANTIC, FL 32903

☒ Change

☐ Addition

2.1 TITLE VP.
2.2 NAME HATCHER, DONALD R. JR.
2.3 STREET ADDRESS 721 E. LINCOLN AV.
2.4 CITY-ST-ZIP MELBOURNE FL 32901

☒ Change

☐ Addition

3.1 TITLE TRACY BREWER SEC
3.2 NAME
3.3 STREET ADDRESS 7667 WILKHAM ROAD UNIT 715
3.4 CITY-ST-ZIP MELBOURNE FL 32940

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ 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

Date

Daytime Phone #

CR2E034 (11/98)