FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G74380

(8)

2a. Mailing Address

Suite, Apt. #, etc.

HSM OF SEBRING, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

Principal Place of Business Mailing Address P.O. BOX 591 SEBRING FL 33871-0591 230 SO COMMERCE SEBRING FL 33870

26

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1983 4. FEI Number

59-2350150

5. Certificate of Status Desired

22		27			ĺ	5. Certificate of Status Desired	<u>. </u>	Fee R	equired	
City & State City & State						Election Campaign Financin Trust Fund Contribution	9 [7]		May Be to Fees	
Zip					+	8. This corporation owes or ha	o poid the d			
24	25 29 30			У		Personal Property Tax due	•		No No	
9. Name and Address of Current Registered Agent				10. Name and Addres						
MACBETH, HOWARD SCOTT				l Na	me					
230 SOUTH COMMERCE						(0.0.0				
SEBRING FL 33870				2 Str	eet Addres	t Address (P.O. Box Number is Not Acceptable)				
OLDIANG I E 66676				3		•				
									_	
			84	Cit	У		F	L 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 effice or registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I because the appointment as consistered										
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	13.		·	ADDITIONS/CHANGES TO O	FFICERS A			
TITLE	PD	☐ DETEIE	1.1 TITLE					L Change	Addition	
NAME	MACBETH, HOWARD SCOTT			1.2 NAME						
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP	SEBRING, FL 00000		1.4 CITY-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE	S DELETE		2.1 TITLE	2.1 TITLE				Change	☐ Addition	
NAME	MACBETH, ROBERT MARK		2.2 NAME						İ	
STREET ADDRESS	230 S COMMERCE		2.3 STREE	TADDRI	SS	- .	t ~ 4		•	
CITY-ST-ZIP	SEBRING, FL 00000		_	2, 4 CITY-ST-ZIP						
TITLE	T DELETE		3.1 TITLE	3.1 TITLE				Change	☐ Addition	
NAME	MACBETH, J. R		3.2 NAME	3.2 NAME						
STREET ADDRESS	2543 U.S. 27 SOUTH		3.3 STREE	3.3 STREET ADDRESS						
CITY-ST-ZIP	SEBRING FL		3.4. CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE		-			Change	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	T ADDRE	SS				ļ	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADORE	SS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	
NAME			6.2 NAME						ĺ	
STREET ADDRESS			63 STREE	T ADDRE	SS					
CITY-ST-ZIP			6.4 CITY -	ST-ZIP						
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.

(941) 385-7600

CR2E034 (10/97)

Applied For

\$8.75 Additional

Not Applicable