

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

DOCUMENT # G74380

1. Corporation Name  
HSM OF SEBRING, INC.

Principal Place of Business

~~800 S COMMERCE~~  
SEBRING FL 33870  
US

Mailing Address

~~P.O. BOX 381~~  
~~SEBRING FL 33870~~  
~~US~~

FILED  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90020 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1983

4. FEI Number

59-2350150

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 2543 US 27 South

2a. Mailing Address

26 2543 US 27 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

Sebring, FL

23 Zip

Country

28 Zip

Country

33870

30 USA

9. Name and Address of Current Registered Agent

~~MACBETH, HOWARD SCOTT~~  
~~230 SOUTH COMMERCE~~  
~~SEBRING FL 33870~~

10. Name and Address of New Registered Agent

81 Name

J. Ross Macbeth

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

2543 US 27 South

83

84 City

Sebring

FL

85 Zip Code

33870

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

J. Ross Macbeth

2/5/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME  
MACBETH, HOWARD SCOTT  
STREET ADDRESS  
230 S COMMERCE  
CITY-ST-ZIP  
SEBRING, FL 00000

TITLE ☐ DELETE

S  
NAME  
MACBETH, ROBERT MARK  
STREET ADDRESS  
230 S COMMERCE  
CITY-ST-ZIP  
SEBRING, FL 00000

TITLE ☐ DELETE

T  
NAME  
MACBETH, J. R  
STREET ADDRESS  
2543 U.S. 27 SOUTH  
CITY-ST-ZIP  
SEBRING FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

Date

(941) 385-7600

Daytime Phone #

CR2E034 (11/98)