

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90088 022 ***150.00

DOCUMENT # H25633

1. Corporation Name
H.T. CHITTUM, INC.

Principal Place of Business
82748 OVERSEAS HWY
17071 WEST DIXIE HIGHWAY
ISLAMORADA FL 33036
US

Mailing Address
82748 OVERSEAS HWY
17071 WEST DIXIE HIGHWAY
ISLAMORADA FL 33036
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/15/1984

4. FEI Number
59-2453798

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

21 82748 Overseas Hwy

2a. Mailing Address

26 82748 Overseas Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Islamorada FL

City & State

28 Islamorada FL

Zip Country
24 33036 25 US

Zip Country
29 33036 30 U.S.

9. Name and Address of Current Registered Agent

CHITTUM, JAYMIE
82748 OVERSEAS HWY
17071 WEST DIXIE HIGHWAY
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name

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

83 82748 Overseas Hwy

84 City Islamorada

85 Zip Code
FL 33036

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 DP
NAME CHITTUM, HAROLD T., III
STREET ADDRESS 82748 OVERSEAS HWY
CITY-ST-ZIP ISLAMORADA FL

☐ DELETE

TITLE D
NAME NEGLEY, RICHARD
STREET ADDRESS 300 CONVENT ST
CITY-ST-ZIP SAN ANTONIO TX

☐ DELETE

TITLE D
NAME HAYNE, C. PECK
STREET ADDRESS 1221 SECOND ST
CITY-ST-ZIP NEW ORLEANS LA

☒ DELETE

TITLE VDS
NAME CHITTUM, JAYMIE
STREET ADDRESS 82748 OVERSEAS HWY.
CITY-ST-ZIP ISLAMORADA FL

☐ DELETE

TITLE T
NAME CHITTUM, JAYMIE
STREET ADDRESS 82748 OVERSEAS HWY.
CITY-ST-ZIP ISLAMORADO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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: Jaymie Chittum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

305-664-4421

Daytime Phone #

CR2E034 (11/98)