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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90060 004 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # H44816

1. Corporation Name
HUTCHINGS TECHNOLOGY, INC.

Principal Place of Business
**1320 N W 65TH PLACE
FT LAUDERDALE FL 33309
US**

Mailing Address
**1320 NW 65TH PLACE
FORT LAUDERDALE FL 33309
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1985

4. FEI Number

59-2500476

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

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **888 E. LAS OLAS BLVD.**

Suite, Apt. #, etc.

22 **SUITE 601**

City & State

23 **FT LAUDERDALE, FL.**

Zip

24 **33301**

Country

25 **U.S.A.**

2a. Mailing Address

26 **888 E. LAS OLAS BLVD**

Suite, Apt. #, etc.

27 **SUITE 601**

City & State

28 **FT LAUDERDALE, FL**

Zip

29 **33301**

Country

30 **U.S.A**

9. Name and Address of Current Registered Agent

~~ROSE, SCOTT M~~
~~1320 NW 65TH PLACE~~
~~FORT LAUDERDALE FL 33309~~

10. Name and Address of New Registered Agent

81 Name

RICHARD B. PATTERSON

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

888 E. LAS OLAS BLVD

83

SUITE 601

84 City

FT LAUDERDALE

85

Zip Code

33301

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

Richard B. Patterson
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/99

12. OFFICERS AND DIRECTORS

TITLE **CEOD** ☐ DELETE
NAME **HUTCHINGS, JAMES**
STREET ADDRESS **1320 NW 65TH PLACE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **VP** ☐ DELETE
NAME **PATTERSON, RICHARD B**
STREET ADDRESS **1320 NW 65TH PLACE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **PD** ☐ DELETE
NAME **HUTCHINGS, RONALD J**
STREET ADDRESS **1320 NW 65TH PLACE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **S** ☐ DELETE
NAME **HUTCHINGS, BARBARA J**
STREET ADDRESS **1320 NW 65TH PLACE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

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 **888 E. LAS OLAS BLVD-SUITE 601**
1.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **888 E. LAS OLAS BLVD-SUITE 601**
2.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **888 E. LAS OLAS BLVD.-SUITE 601**
3.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **888 E. LAS OLAS BLVD-SUITE 601**
4.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

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:

Richard B. Patterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/99 954-766-8142

CR2E034 (11/98)