

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

FILED

Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H79514 (6)
 1. Corporation Name
THE HINES COMPANY



Principal Place of Business 1845 BAYOU GRANDE BLVD., NE ST. PETERSBURG FL 33703	Mailing Address 1845 BAYOU GRANDE BLVD., NE ST. PETERSBURG FL 33703
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/07/1985 4. FEI Number 59-2601342 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent HINES, J. BRADFORD 3201 34TH ST ST. PETERSBURG FL 33701				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9800 Fourth Street N. 83 Suite 403 84 City St. Petersburg FL 85 Zip Code 33702	
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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 *J. Bradford Hines* **2/16/98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HINES, A. HAMPTON III		1.2 NAME				
STREET ADDRESS	1845 BAYOU GRANDE BL NE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP				
TITLE	DVS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HINES, J. BRADFORD		2.2 NAME				
STREET ADDRESS	5885 27TH STREET SOUTH		2.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HINES, SHELLY S.		3.2 NAME				
STREET ADDRESS	1845 BAYOU GRANDE, NE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HINES, HOLLY L.		4.2 NAME				
STREET ADDRESS	5885 27TH STREET SOUTH		4.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
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.

SIGNATURE: *J. Bradford Hines* **J. Bradford, VP** **2/16/98** **813-579-9978**

CR2E034 (10/97)