

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J11566

(3)

1. Corporation Name

HDW DEVELOPMENT, INC.

Principal Place of Business

8416 CESSNA DR
NEW PORT RICHEY FL 34654

Mailing Address

8416 CESSNA DR
NEW PORT RICHEY FL 34654-5202

3. Date Incorporated or Qualified
05/01/1986

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

21 11 Golden Autumn Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 29605 US Hwy 19 N.
Suite, Apt. #, etc.

4. FEI Number
59-2663447

Applied For
Not Applicable

22 City & State

23 Dahlonaga, GA

27 City & State

28 Clearwater, FL

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WILLIAMS, HARRISON D.
8416 CESSNA DR
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name

William R. Wallace

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

29605 US Hwy 19 N.

83 Suite

Suite 250

84 City

Clearwater

FL

85 Zip Code

34621

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

William R. Wallace

(NOTE: Registered Agent signature required when reinstating)

3/27/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME WILLIAMS, HARRISON D.
STREET ADDRESS 8416 CESSNA DR
CITY - ST - ZIP NEW PORT RICHEY FL

TITLE D ☐ DELETE
NAME WILLIAMS, PATRICIA L.
STREET ADDRESS 8416 CESSNA DR
CITY - ST - ZIP NEW PORT RICHEY 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

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 do 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:

HARRISON D. WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97
Date

Daytime Phone #

CR2E034 (9/96)