PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90100 033 ***150.00

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

DOCUMEN I # 1. Corporation Name	J14823
H.M.F. PROPERTIES,	INC.

Principal Place of Business 36822 C.R. 54 WEST ZEPHYRHILLS FL 33541 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address P. O. BOX 637 ZEPHYRHILLS FL 33539

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

26

27

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

05/19/1986 FEI Number

59-2676325

23		28					Trust Fun	d Contribution		Added t	o Fees
Zip	Country	Zip	Ď	Country	у		8. This corp	oration owes the c	urrent year int	angible	
24	25	29	3	0			Personal	Property Tax.		☐ Yes	□No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	1 1	lame					
FOSTER, HARRY M				82	, -	traat Addres	se (P.O. Boy N	umber is Not Acce	ntable)		
36822 CR 54 WEST				"	Street Address (1.0. Dox Hamber is Not Acceptable)						
ZEPHYRHILLS FL 33541				83	3						
						174				es Zin (Code
				84	* '	City			FL	85 Zip (Jode
11 Pursuant	to the provisions of Sections 60	7.0502 and 607.	1508, Florida Statutes	, the abov	ve-na	amed corpor	ation submits t	his statement for t	he purpose of	changing its	registered
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.											
•	m ramiliar with, and accept the	obligations of, Se	ction 607.0303, mono	ia Statute	Э.						ļ
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.		S AND DIRECTO		13.			ADDITION	S/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PTD		☐ DELETE	1.1 TITLE				•		Change	☐ Addition
NAME	FOSTER, HARRY M.			1.2 NAME							ļ
STREET ADDRESS	1047 ROYAL PASS ROAD		1.3 S'			DRESS Q	17 ANCHO	RAGE ROAD			1
CITY-ST-ZIP	TAMPA FL 33606			1.4 CITY-S	ST-ZIF	-		33602			- 1
TITLE	SD		☐ DELETE	2.1 TITLE			AVII A PI			Change	☐ Addition
NAME	FOSTER, LINDA L.			2.2 NAME							
STREET ADDRESS	1047 ROYAL PASS ROAD			2.3 STREE	ET ADO	DRESS 9	17 ANCHO	RAGE ROAD			
CITY-ST-ZIP	TAMPA FL 33606	•		2. 4 CITY-		m	AMPA FL	33602			
TITLE	VAS		☐ DELETE	3.1 TITLE			*****			Change	Addition
NAME	PASKERT, GEORGE H.			3.2 NAME		·					
STREET ADDRESS	212 S. HESPERIDES ST.			3.3 STREE	ET ADO	DRESS					
CITY-ST-ZIP	TAMPA FL 33609			3.4. CITY-	ST-Zi	P					
TITLE	D		☐ DELETE	4.1 TITLE						☐ Change	☐ Addition
NAME	PASKERT, GEORGE H.	•		4. 2 NAME							
STREET ADDRESS	212 S. HESPERIDES ST			4.3 STREE	T ADI	ORESS					
CITY-ST-ZIP	TAMPA FL 33609			4.4 CITY-5	ST-7IF	,					
TITLE	TOWN TO TE GOODS		☐ DELETE	5.1 TITLE	<u> </u>					☐ Change	☐ Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE	ET ADO	DRESS					
CITY-ST-ZIP				5.4 CITY-5	ST-ZIF	,					
TITLE			DELETE	6.1 TITLE			• • • •			Change	☐ Addition
NAME 1175			_	6.2 NAME		- 1					

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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

GEORGE H PASKERT VICE PRESIDENT

813-782-1538