FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1996 08:00 AM
Secretary of State

DOCUMENT # **J51214** **(1)**

1. Corporation Name

HUTCHINSON ISLAND REALTY, INC.

Principal Place of Business	Mailing Address
1920 PALM BCH LAKES BL 202 W PALM BCH FL 33409-3546	1920 PALM BCH LAKES BL 202 W PALM BCH FL 33409-3546

3. Date Incorporated or Qualified: **01/12/1987**
3a. Date of Last Report: **08/09/1995**

4. FEI Number: **59-2764548** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5841 Corporate Way	26 5841 Corporate Way
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 West Palm Beach , FL	City & State 28 West Palm Beach , FL
Zip / Country 24 33407 / 25 Palm Beach	Zip / Country 29 33407 / 30 Palm Beach

9. Name and Address of Current Registered Agent

WILSON, N G
1920 PALM BCH LKS BL 202
W PALM BCH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5841 Corporate Way
83 Suite 100
84 City: West Palm Beach, FL **FL** 85 Zip Code: 33407

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required if agent is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	11 TITLE	D/P/S/T	☒ Change ☐ Addition
NAME	HOWARD, LADDIE		12 NAME	Wilson, N. Griffin	
STREET ADDRESS	1920 PLM BCH LKS BLVD.		13 STREET ADDRESS	5841 Corporate Way, Suite 100	
CITY-ST-ZIP	W PALM BEACH FL		14 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	VST	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	WILSON, N G		22 NAME		
STREET ADDRESS	1920 PALM BCH LAKES BLVD #202		23 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	200001827202	☐ Change ☐ Addition
NAME			52 NAME	-05/20/96--01005--001	
STREET ADDRESS			53 STREET ADDRESS	***3400.00	
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

5-17-96 OR

SIGNATURE: _____ 4-25-96 407-689-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N. Griffin Wilson, Pres.