

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 02 1998 8:00am
Secretary of State

DOCUMENT # **J59886**

(8)

1. Corporation Name
HICKORY WALK, INC.

Principal Place of Business

9095 LK LOWERY RD
3 HICKORY WALK LK LOWERY RD POBOX 1137
LAKE ALFRED FL 33850
US

Mailing Address

P O BOX 1137
3 HICKORY WALK LK LOWERY RD POBOX 1137
LAKE ALFRED FL 33850
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1987

4. FEI Number

59-2797566

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ENZOR, J. K., JR
3 HICKORY WALK
LAKE LOWRY ROAD
LAKE ALFRED FL 33850

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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. K. ENZOR JR

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

(NOTE: Registered Agent signature required when resigning)

1/26/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ENZOR, J K JR
STREET ADDRESS 9095 HICKORY WALK; LAKE LOWERY RD.
CITY-ST-ZIP LAKE ALFRED FL

TITLE ☐ DELETE

NAME ENZOR, RALPH H
STREET ADDRESS 739 LAKE NED ROAD
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME ENZOR, DONNA K.
STREET ADDRESS 90-95 HICKORY WALK; LAKE LOWERY RD.
CITY-ST-ZIP LAKE ALFRED 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 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. K. ENZOR JR 1/26/98 95-4470

CR2E034 (10/97)