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FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J95589

(4)

1. Corporation Name

HESIOD CORPORATION

Principal Place of Business

511 OCEAN BLVD  
SUITE C  
SARASOTA FL 34242  
US

Mailing Address

5111 OCEAN BLVD  
SUITE C  
SARASOTA FL 34242-1689  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/05/1987

3a. Date of Last Report

04/26/1996

4. FEI Number

65-0015585

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

9. Name and Address of Current Registered Agent

HYMAN, ROSALIND  
5111 OCEAN BLVD.  
SARASOTA FL 34242

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD  
NAME AMBROSINI, ROBERT P  
STREET ADDRESS 5111 OCEAN BLVD  
CITY-ST-ZIP SARASOTA FL  
☒ DELETE

TITLE D  
NAME SILVERSTEIN, BARRY  
STREET ADDRESS 5111 OCEAN BLVD  
CITY-ST-ZIP SARASOTA FL  
☐ DELETE

TITLE P  
NAME MCGILLICUDDY, DENNIS J  
STREET ADDRESS 5111 OCEAN BLVD.  
CITY-ST-ZIP SARASOTA FL  
☐ DELETE

TITLE 2VP  
NAME MCVOY, D. STEVENS  
STREET ADDRESS 5111 OCEAN BLVD.  
CITY-ST-ZIP SARASOTA FL 34242  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY/TREASURER  
1.2 NAME W. GLENN REDDEN  
1.3 STREET ADDRESS 5111 OCEAN BLVD  
1.4 CITY-ST-ZIP SARASOTA, FL 34242  
☐ Change ☒ Addition

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

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

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

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

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

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:

W. Glenn Redden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97

(941)349-2770  
Date Daytime Phone #

CR2E034 (9/96)