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

DOCUMENT # K06077

(7)

FILED Feb 26 1998 8:00am Secretary of State

FLORIDA HUTCHINS CORPORATION				a andrease are ditted dern have rate and and district	niani \$1841 A181) m1811 Bidir 1881
Principal Place	e of Business	Mailing Address	<u></u>	- E FARIANIA DIN BANK BANK ARNIN IRANA HADA ENDIN A	IIBLI OIGIL B(BU FIBIL BIBIL 1881
330 19TH AVENUE NE 330 19TH AVENUE NE					
ST. PETERSBURF FL 33704-0511 ST. PETERSBURF FL 33704			4-0511	DO NOT WRITE IN TH	IS SPACE
				3. Date incorporated or Qualified	
				12/10/1987	
—	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. W. etc.		Suite, Apt. #, etc.		59-2859307	Not Applicable
[22]		27		6, Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z(p)	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
[64]	9. Name and Address of Curren		2 0	10. Name and Address of New Registers	
HU	ITCHINS, RICHARD C		81 Name		
412 12TH AVE., NORTH			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ST.	. PETERSBURG FL 33701				
1			83		
]			84 City	F	85 Zip Code
11, Pursuant	to the provisions of Sections 607 050	2 and 607,1508, Florida Statutes	s, the above-named corpo		
office or r agent I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	appointment as registered
SIGNATURE					
	Stgnature, typed or printed name of registered age OFFICERS AND		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	
12.	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	HUTCHINS, DEBRA A.		1.2 NAME		
STREET ADDRESS	330 19TH AVE. N.E.		1.3 STREET ADDRESS		ļj
CITY-\$1-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	P Hutchins, Richard C	☐ DELÉTE	2.1 TITLE 2.2 NAME		Change Addition
NAME STREET ADDRESS	330 - 19 AVE., NE		2.3 STREET ADDRESS)	
CITY+ST-ZIP	ST PETERSBURG FL		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ĺ
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 YITLE		Change Addition
NAME		L. Detele	4.2 NAME		CT change CT vodition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		Ì
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP 61 THILE		Change Addition
NAME		tal verife	62 NAME		The Assertion The Assertion
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	·	
14. I hereby o	ertify that the information supplied wi	th this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

Inereby 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 informatic 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

GNATURE:

Continuous Continuous

SIGNATURE: