FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90104 049 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K06077

1. Entity Name
FLORIDA HUTCHINS CORPORATION

50025702

Principal Place of Business	Mailing Address
330 19TH AVENUE NE ST. PETERSBURF, FL 33704-0511	330 19TH AVENUE NE ST. PETERSBURF, FL 33704-0511

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03022005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2859307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUTCHINS, RICHARD C 412 12TH AVE., NORTH ST. PETERSBURG, FL 33701	Name: Hutchins, Richard C. II Street Address (P.O. Box Number is Not Acceptable): 330 19th Ave. N.E. City: St. Petersburg FL Zip Code: 33704

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUTCHINS, DEBRA A. 330 19TH AVE. N.E. ST. PETERSBURG, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hutchins, Richard C. II 330 19th Ave. N.E. St. Petersburg, FL 33704	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUTCHINS, RICHARD C 330 - 19 AVE., NE ST PETERSBURG, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hutchins, Spencer W. 330 19th Ave. N.E. St. Petersburg, FL 33704	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3 10 5 727 692-3331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #