## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K61982 **DOCUMENT #** 

(0)

1. Corporation Name H.A.T., INC.

enncipal Place of Business
333 CYPRESS GARDENS BLVD WINTER HAVEN FL 33884

Mailing Address

P O BOX 393



WINTER HAVE US	GARDENS BLVD EN FL 33884	WINTER HAVEN FL 338 US	82		3. Date Incorporated or Qualified 01/30/1989	3a. Date of Last R 03/28/19	95
2. Principal Pla		2a. Mailing Address			4. FEI Number	LL	Applied For
11 333 CYPRESS GARDENS BLUD 26 PD. BOX 392					59-2927068		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 ,	Additional Required
City & State	ze Haves FL.	City & State	HAV		Election Campaign Financing     Trust Fund Contribution	1 1	O May Be d to Fees
Zip	Country	Zip	Co	untry	8. This corporation has liability for in		199.032,
24 3358		29 <b>3388</b> Z	30	TOLK	Florida Statutes Yes		
	9. Name and Address of Current I	Registered Agent		Od None	10. Name and Address of New R	egistered Agent	
				81 Name			
	HUGH A.			82 Street Address (P.O. Box Number is Not Acceptable)			
	ubon RD						
WINTER	HAVEN FL 33884			83			
				84 City		FL 85 Z	p Code
	o the provisions of Sections 607.0502 a	10074500 5: 1 0: : :		1 1	lies a houte this statement for the		registered offic
SIGNATURE	n, and accept the obligations of, Section	d title if applicable. (NO	Tt.: Registere	ed Agent signature required v	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE DEPOT	DBS IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	Change	Addition
THLE	DP	☐ DELETE		TITLE		L. J Change	☐ Notition
NAME	TUTTLE, HUGH A.			NAME			
STREET ADDRESS	138 AUDUBON RD			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL	T DELETE		CITY-ST-ZIP		[7] Change	Addition
TITLE	DV	DELETE		TITLE			[] Magnesia
NAME	TUTTLE, JACQUELINE S. 268 LAKE LINK ROAD			NAME OVEREY ADDRESS			
STREET ADDRESS	WINTER HAVEN FL			STREET ADDRESS			
CITY-ST-ZiP	MINIEW MACIA LE	DELETE		CITY-ST-ZIP TITLE		☐ Change	Addition
TITLE NAME				NAME			
				STREET ADDRESS			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP TITLE		[ ] DELETE		TiTLE		☐ Change	☐ Addition
NAME		<b>\</b>		NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-S1-ZIP				CITY- ST-ZIP			
TITLE		☐ DELETE		TITLE		Change	☐ Addition
NAME			52	NAME			
STREET ADDRESS			5.3	STREET ADDRESS			
CITY-ST-ZIP			5.4	CITY-ST-ZIP			
TITLE		☐ DELEYE	6 1	I TITLE		☐ Change	■ Addition
NAME			6.2	NAME			
STREET ADDRESS			63	STREET ADDRESS			
CITY OF 71D			6.4	DITY-ST-ZIP			
44 Lele herels	L y certify that the information supplied wi the information indicated on this annua	ith this filing is voluntarily furn	ished an	d does not qualify for	r the exemption stated in Section 119 e and that my signature shall have the	.07(3)(k), Florida Stati	ites. I furthe

oath; that I am an officer or director of the corporation of 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.

1 WTTLE 4- 22-96