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

29

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name H.A.T., INC.	K61982 (0)		DA BURU BURU BURU BURU BURU MER
Principal Place of Business	Mailing Address		FIL BUTH BUBH BUBH TÜBÜL TOR
333 CYPRESS GARDENS BLVD WINTER HAVEN FL 33884 US	P O BOX 393 WINTER HAVEN FL 33882 US	DO NOT WRITE IN THIS	S SPACE
		3. Date Incorporated or Qualified	
O Original Disease 4.0		01/30/1989	
2. Principal Place of Business	2a, Mailing Address	4. FEI Number	Applied For
21	26	59-2927068	➤ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	€ Floation Compaign Financing	¢5 00

9. Name and Address of Current Registered Agent TUTTLE, HUGH A. 138 AVDUBON RD WINTER HAVEN FL 33884

25

23 Zip 24

	Trust Fund Contribution Added to Fees					
ountry	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes No					
	10. Name and Address of New Registered Agent					
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City 85 Zip Code					

6. Election Campaign Financing

**FILED** 

Apr 09 1998 8:00am

Secretary of State

11. Pursuant to the provisions of Soctions 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 like it applicable				
		(NOTE: Registered Agent signatur		DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF		
TITLE	DP DEL	ETE 1.1 TALE	}	☐ Change	Additio
NAME	Tuttle, hugh A.	1.2 NAME			
STREET ADDRESS	138 AUDUBON RD	1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP			
TITLE	☐ DEL	ETE 2.1 TITLE		Change	Additio
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS		* **	
CATY-ST-ZNP		2. 4 CITY - ST - ZIP			
TITLE	□ DEL	ETE 3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY - ST - ZIP			
TITLE	DELI	ETE 4.1 TITLE		☐ Change	Additio
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
TITLE	☐ DELE	ETE 5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELI	ETE 6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME	ĺ		
STREET ADDRESS		6.3 STREET ADDRESS			

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.

941-294-5454

\$5.00 May Be