

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L45080

(3)

1. Corporation Name

HAKE GROUP, INC.



Principal Place of Business

800 LAUREL OAK DR., SUITE 200  
NAPLES FL 33963

Mailing Address

800 LAUREL OAK DR., SUITE 200  
NAPLES FL 33963

3. Date Incorporated or Qualified  
01/25/1990

3a. Date of Last Report  
02/20/1995

4. FEI Number

59-2989878

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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 Date)

(Typed) Registered Agent Signature (Typed Name and Date)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAKE, JAMES D.	
STREET ADDRESS	715 TEAL COURT	
CITY- ST- ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAKE, FRANK W., III	
STREET ADDRESS	1500 CHESTER PIKE	
CITY- ST- ZIP	EDDYSTONE PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RITSEY, MARY I.	
STREET ADDRESS	1500 CHESTER PIKE	
CITY- ST- ZIP	EDDYSTONE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWERTNER, RICHARD	
STREET ADDRESS	1500 CHESTER PIKE	
CITY- ST- ZIP	EDDYSTONE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINITSKY, LEON	
STREET ADDRESS	1500 CHESTER PIKE	
CITY- ST- ZIP	EDDYSTONE PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POULTERER, DUANE	
STREET ADDRESS	1500 CHESTER PIKE	
CITY- ST- ZIP	EDDYSTONE PA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

MARY I. RITSEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY I. RITSEY

4-17-96

610-876-9292  
Daytime Phone #

CR2E034 (12/95)