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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **L73298** **(6)**

1. Corporation Name
HIETPAS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% STEPHEN G. SEWELL 1420 SUMTER ST LEESBURG FL 34748 US	% STEPHEN G. SEWELL 907 WEBSTER ST LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1990

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-3021254 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SEWELL, STEPHEN G.
907 WEBSTER ST
LEESBURG FL 34748

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	HIETPAS, RUSSELL G.		1.2 NAME		
STREET ADDRESS	~~204 DEBORAH AVE~~		1.3 STREET ADDRESS	2342 Conestoga	
CITY-ST-ZIP	~~LEESBURG FL~~		1.4 CITY-ST-ZIP	Leesburg Fla 34748	
TITLE	D	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	HIETPAS, STEPHEN J.		2.2 NAME		
STREET ADDRESS	~~23208 SANDLEWOOD DRIVE, APT. 203, BLDG. 23~~		2.3 STREET ADDRESS	936 Belle Oak Dr.	
CITY-ST-ZIP	~~WILDWOOD FL~~		2.4 CITY-ST-ZIP	Leesburg Fla 34748	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
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		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Russ Hietpas President 2-18-98 352-365-7809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #