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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

**FILED** Apr 30 1998 8:00am Secretary of State

Principal Place of Business  82748 OVERSEAS HMY 17071 W. DIXIE HMY 18JAMORADA FL 33036  2. Principal Place of Business 21 \$27 HZ OVERSEAS HWY 18JAMORADA FL 33036  2. Principal Place of Business 22 Survey Season Huy 23 Survey Season Huy 24 Survey Season Huy 25 Survey Season Huy 26 Survey Season Huy 27 Survey Season Huy 28 Survey Season Huy 29 Survey Season Huy 20 Survey Season Huy 21 Survey Season Huy 22 Survey Season Huy 23 Survey Season Huy 24 Survey Season Huy 25 Survey Season Huy 26 Survey Season Huy 27 Survey Season Huy 28 Survey Season Huy 28 Survey Season Huy 29 Survey Season Huy 20 S	Hata C	HITTUM KEY WEST, INC.					
17071 W. DIXE HWY ISLAMORADA FL 33036 US   SLAMORADA FL 33036 US   SLEET   S	Principal Plac	e of Business	Mailing Address			EIMIT MEDIE MEMIT MINTE MENTE MINET ANDE	
ISLAMORADA FL 33036   ISLAMORADA FL 33038	82748 OVER	SEAS HWY	82748 OVERSEAS HWY				
3. Date Incorporated or Qualified 07/05/1990  2. Principal Place of Business 22. Mailing Address 23. Suite. Apt. #, etc. 24. Suite. Apt. #, etc. 25. Suite. Apt. #, etc. 26. Suite. Apt. #, etc. 27. City & State 28. Lity & State 29. Lity & State 20. Lity & State 21. Summor and address of Current Registered Agent 29. Name and Address of Current Registered Agent 29. Name and Address of Current Registered Agent 29. Name and Address of New Registered Agent 20. Name and Address of New Registered Agent 21. 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  22. Of IncERS AND DIRECTORS In 12 23. Additional Fee Required 24. FEI Number 25. Country 26. Certificate of Status Desired 27. Name 28. Street Address (P.O. Box Number is Not Acceptable) 29. Street Address (P.O. Box Number is Not Acceptable) 29. Street Address (P.O. Box Number is Not Acceptable) 29. Street Address (P.O. Box Number is Not Acceptable) 29. Street Address (P.O. Box Number is Not Acceptable) 20. Date Inverse in the A					DO NOT MIDITE	AL T. (ID 00 A 05	
2. Principal Piace of Business 2. Busine Applied For 2. Busine Applied For 3.		A FL 33036				N THIS SPACE	
21 \$ 37 48 OVerseas Huy 26 \$ 37 48 OVerseas Huy 65-0206118   Not Applicable Suite, Apt. #, etc.   Suite, Apt.					07/05/1990		
Suite, Apt. #, etc.    Suite, Apt. #, etc.	- ~ ~ ·	in a li		H		<del>    ' ' ' '                            </del>	
Solution   Status Desired   Fee Required   Fee Required   Fee Required   Status Desired   Fee Required   Status Desired   Fee Required   Status Desired   Sta				useas Hwy	65-0206118		
City & State  23		#, etc.	<b>├</b>	<i></i>	5. Certificate of Status Desired	1	
23		9	1		& Floation Compaign Financing		
ZIP Country 25 29 33 0 3	<u> </u>	1 1-1		, FL			
24 33 0 3 6 25 29 33 0 3 6 30 Personal Property Tax due June 30. 27 Yes No  9. Name and Address of Current Registered Agent  CHITTUM, JAYMIE 82748 OVERSEAS HGWAY ISLAMORADA FL 33036  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 filler if applicable (NOTE Registered Agent signature register dependent)  12. Of FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIRE DP DELETE 1.1 TIRE CHITTUM, H.T. III	Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·		
CHITTUM, JAYMIE 82748 OVERSEAS HGWAY ISLAMORADA FL 33036  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  85 Signature. Speed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. CHITTUM, H.T. III  15. CHITTUM, H.T. III  16. CHITTUM, H.T. III  17. CHANGE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. CHITTUM, H.T. III	24 3303	ا ا ا	29 33036 3	$\partial U$	,		
82748 OVERSEAS HGWAY ISLAMORADA FL 33036  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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinsteting)  DATE  12. OFFICERS AND DIRECTORS IN 12  TITLE DP DELETE 1.1 TITLE  CHITTUM, H.T. III Addition		9. Name and Address of Current I			10. Name and Address of New Reg	istered Agent	
ISLAMORADA FL 33036  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 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 title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP DELETE  1.1 TITLE  CHITTUM, H.T. III  1.2 NAME	CHITTUM, JAYMIE 81 Name						
ISLAMORADA FL 33036  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  SIgnature, typed or printed name of registered agent and life if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP  DELETE  1.1 TITLE  Addition  CHITTUM, H.T. III	92749 OVECCEAC LICHAY			82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
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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 nance of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OF FICERS AND DIRECTORS IN 12  TITLE  DP  DELETE  1.1 TITLE  NAME  CHITTUM, H.T. III  1.2 NAME						- FL   ``   '	
signature:  SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered agent and interif applicable:  (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP  DELETE  1.1 TITLE  NAME  CHITTUM, H.T. III  1.2 NAME	11. Pursuant	to the provisions of Sections 607,0502 a registered agent, or both, in the State of	and 607.1508, Florida Statutes, -Florida: Such change was aut	, the above-named corporation	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
Signature, typed or printed name of registered agent and title if a phicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP DELETE 1.1 TITLE  CHITTUM, H.T. III  1.2 NAME	agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.		appendix as together	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DP DELETE 1.1 TITLE  NAME CHITTUM, H.T. III 1.2 NAME							
TITLE         DP         DELETE         1.1 TITLE         Change         Addition           NAME         CHITTUM, H.T. III         1.2 NAME         NAME	40						
NAME CHITTUM, H.T. III 1.2 NAME					ADDITIONS/CHANGES TO OFFICE		
		•					
STREET ADDRESS 82748 OVERSEAS HIGHWAY 1.3 STREET ADDRESS							
CITY-ST-ZIP ISLAMORADA FL 1.4 CITY-ST-ZIP							
TITLE DV DELETE 2.1 TITLE Change Addition			DELETE		· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME CHITTUM, JAYMIE 22 NAME	NAME	CHITTUM, JAYMIE		2.2 NAME			
STREET ADDRESS 82748 OVERSEAS HIGHWAY 23 STREET ADDRESS							
CITY-ST-ZIP ISLAMORADA FL 2.4 CITY-ST-ZIP		ISLAMORADA FL					
TITLE         DELETE         3.1 TITLE         Change         Addition		U	☐ DELETE	<del></del>		Change Addition	
NAME HAYNE, C. PECK 32 NAME	NAME			3.2 NAME			
STREET ADDRESS 1221 SECOND ST. 33 STREET ADDRESS	STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP NEW ORLEANS LA 3.4. CITY-ST-ZIP	CITY-ST-ZIP	NEW ORLEANS LA		3.4. CITY - ST - ZIP			
TITLE D DELETE 4.1 TITLE Change Addition	TITLE	_	DELETE	4.1 TITLE		Change Addition	
NAME NEGLEY, RICHARD B. 4.2 NAME	NAME			4. 2 NAME			
STREET ADDRESS 300 CONVENT, 28TH 4.3 STREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP SAN ANTONIO TX 4.4 CITY-ST-ZIP	CITY-ST-ZIP			4.4 CITY - ST - ZIP	<u> </u>		
TITLE ST DELETE 5.1 TITLE Change Addition	TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
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STREET ADDRESS 82748 OVERSEAS HIGHWAY 5.3 STREET ADDRESS 5.3 STREET ADDRESS	STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP ISLAMORADA FL 5.4 CITY-ST-ZIP		ISLAMUKAUA FL	<b>—</b> — — — — — — — — — — — — — — — — — —				
TITLE DELETE 5.1 TITLE Change Addition			☐ DELETE			☐ Change ☐ Addition	
NAME 6.2 NAME							
STREET ADDRESS 6.3 STREET ADDRESS							
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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	CITY-ST-ZIP	parify that the information supplied with	this filing does not qualify for		Saction 119 07/3/(i) Florido Statutos 14	other earlify that the information	

indicated on this annual report or supplemental arnual 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.