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

Mailing Address P O BOX 69

N SULLIVAN ME 04664

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M07890 1. Corporation Name

Principal Place of Business

MIAMI SPRINGS FL 33166

970 WREN AVE

HODGSON'S HURRICANES, INC.

| | i | | | | | | 11/15/1984 | | | - |
|---------------------------|--|--------------|---------------------|-----------|---|---------------------|--|-----------|---------------------------------------|-----|
| Dringing Di | ace of Business | 2a Mailing | 2a. Mailing Address | | | | 4. FEI Number | | Applied For | ┪., |
| z. Filitopai Fi | ace of Business | 26 | 7.007.000 | | | | 59-2465507 | | Not Applicable | 1 % |
| 'l | | | uite, Apt. #, etc. | | | | | | Additional | 1 ? |
| 27 | | | ψ | | | | 5. Certifcate of Status Desired | * | Required | 1 |
| City & State City & State | | | | | | | 6. Election Campaign Financing | | 🕽 May Be | |
| 3 | | 28 | | | | | Trust Fund Contribution | Adde | to Fees | 1 |
| Zip | Country Zip | | | Country | | | 8. This corporation owes the current year Intan | | _ | |
| 25 29 | | | 30 | 30 | | | Personal Property Tax. ✓ Yes No | | | |
| | 9. Name and Address of Current | Registered A | gent | | | | 10. Name and Address of New Registered A | gent | · | - |
| | WAS A STREET | | | | 81 1 | Name | | | | 1 |
| HODGSON, CHARLES PRIDE | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | 1 |
| 970 WREN AVE | | | | 32 343517 | | | gung die in in Sich und mit wie der ner bilden ablief Meigen diebeit Strate Greite Meibel Andere beite. | | | |
| MIAN | AI FL 33166 | | | | 83 | | | | | |
| : | | | | | | City | FL | | Code | |
| 1. Pursuant | to the provisions of Sections 607.0502 | and 607.1508 | Florida Statutes, | the al | ove-n | named corpor | ration submits this statement for the purpose of cl | nanging i | ts registered | 1 |
| Office or re | egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida Such | change was author | ONZĖČ | DV the | e corporation | his board of directors. I hereby accept the appoint | ment as | registered | |
| SIGNATURE | <u> </u> | | | | | | when reinstating) > 3253 DATE | | · · · · · · · · · · · · · · · · · · · | 1. |
| | Signature, typed or printed name of registered agent a | | | _ | Agent sk | ignature required v | when reinstating) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | DIRECT | TOPS IN 12 | 1 8 |
| 12. | OFFICERS AND | DIRECTORS | DELETE | 13. | 16 | | | Change | | 13 |
| TTLE | PD CON CHARLES BOIDE | | - Ditter | | | | | | _ | |
| IAME | HODGSON, CHARLES PRIDE | | | 1.2 NA | | | • | | | 3 |
| TREET ADORESS | 970 WREN AVE | | | | REETAL | 1 | | | | |
| ZITY-ST-ZIP | MIAMI FL | | □ <u>-</u> | | ry-st-z | ZIP | - | Change | e Addition | 1 5 |
| TILE | STD | | ☐ DELETE | 2.1 TI | | ' | | | | |
| AME | RICHARDS HODGSON, AMY | • | | 2.2 NA | ME | | | | | |
| STREET ADDRESS | 970 WREN AVE | | | 2.3 ST | REET AL | DDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL A CONTRACTOR | | | 2.4 C | TY-\$T-2 | ZIP | | | - I Addisina | 4 |
| TITLE , and the | CONTRACTOR DE LA CONTRA | | DELETE | 3.1 TI | LE | | | Chang | e | |
| IAME ()) | AND THE PARTY OF T | | | 3.2 NA | ME | ļ | | | | |
| TREET ADDRESS | HTL 03165 | | | 3.3 ST | REET AL | DORESS | 2006年7月25日韓州市諸國北國官職署 | | 自動物 美數 [2] | |
| OTY-ST-ZIP | PRESENTATION OF THE STATE OF TH | | | 3.4. C | TY-ST-Z | ZIP | 27 · 1401 (34) 42 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 | | 11 2.51 8'31 1'31 | 4 |
| TTLE | <u></u> | | ☐ DELETE | 4.1 TII | LE | | 1. 有一个位于10mm 12 60 66 306 100 | [] Chang | e: 😘 🔄 Addition | 1 |
| IAME AND AND | | · farga | | 4. 2 N | AME | | • | | • | |
| TREET ADDRESS | | | .♥ Burk tokayans | 4.3 ST | REET AL | DDRESS | | | | |
| CITY-ST-ZIP | , man | | | 4.4 CI | ry-st-z | ZIP | | | | _ |
| ITLE | | ••• | ☐ DELETE | 5.1 TI | | | | ☐ Chang | e 🔲 Addition | 1 |
| NAME | | | | 5.2 NA | ME | | to the state of th | | | |
| STREET ADDRESS | | | | 5.3 ST | REET AL | DORESS | | | | 1 - |
| CITY-ST-ZIP | FD | • | | 5.4 CI | TY+\$T-Z | ZIP | Section 1 Control | | |] ` |
| MTLE | THE SECTION OF THE SE | | ☐ DELETE | 6.1 TI | ΝE | | | ☐ Chang | e Addition | ij. |
| 11166 | 970 WPC 1716 | | | 6.2 N | ME | 1 | | | | 1 |

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90024 045 ***150.00



DO NOT WRITE IN THIS SPACE

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; of on an attachment with an address, with all other like empowered.

STREET ADDRESS