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FILED
Feb 18 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 # M68082 (0)

1. Corporation Name
ALBERT S. HAWES ESTATE, INC.

Principal Place of Business	Mailing Address
% L.C. HAWES, JR. P. O. BOX 402 DADE CITY FL 33526-0402 US	% L.C. HAWES, JR. P. O. BOX 402 DADE CITY FL 33526-0402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1988

4. FEI Number: 59-2871493 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HAWES, L.C., JR.
14412 22ND ST
DADE CITY FL 33525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAWES, L.C., JR.		1.2 NAME	
STREET ADDRESS	14412 22ND STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TYLER, NORMA H.		2.2 NAME	
STREET ADDRESS	1776 6TH ST., N.W., #606		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAWES, LELAND M., JR.		3.2 NAME	
STREET ADDRESS	5009 DICKENS AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TYLER, PAMELA H.		4.2 NAME	
STREET ADDRESS	1776 6TH ST., NW APT. 606		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, LAMARCIA H.		5.2 NAME	
STREET ADDRESS	5939 E. CALEY DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO		5.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CHOATE, JOANNE M.		6.2 NAME	
STREET ADDRESS	12118 CONRAD DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL		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.

Joanne M. Choate

SIGNATURE: Joanne M. Choate 2-12-98 (352) 567-3264