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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M68967

(2)

HEXAGON DEVELOPMENT GROUP, INC.

FILED Feb 24 1997 8:00am Secretary of State

|--|

Principal Plac	Principal Place of Business Mailing Address					T VOOLDON 150 DIVELLOUND CONS BUILL CON STANDING CONTRACTOR CONTRA				
26235 HICKOF	RY BLVD	PO BOX 2411								
#2D Bonita Sprii	NOC EL 94494	BONITA SPRINGS FL 341 US	33-2411							
US STATE	NOO FL 34134	03				3. Date Incorporated or Qualified 3a. Date of La 02/19/1988 07/25/199				
2. Principal I 21	Place of Business	2a. Mailing Address 26		***************************************	<u> </u>	4. FEI Number 65-0039080	· · · · · · · · · · · · · · · · · · ·		plied For at Applicable	
Suite, Apt	l. #, etc.	Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Sta	ate.				B. Election Campaign Financing Trust Fund Contribution Added to Fereign			•		
Ζιρ	Country	Zip	Cou	untry		8. This corporation has liability for in	_==			
24	25	29	30				Yes D			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	lstered	Agent		
MU	RTY, TIMOTHY J. ESQ.			81	Name					
	33 PERIWINKLE WAY, SUITE A			82	Etropt Add	ress (P.O. Box Number is Not Acceptab	<u></u>			
	NIBEL FL 33957		62 Street Ad			DESCRIPTION OF PRODUCT AND SECULO	o)			
				83			——————————————————————————————————————		<i>y</i>	
				84	City			85 Zip (Code	
						·	FL			
SIGNATURE	Signative, typed or printed name of regionised ag-	err and tile if applicable (NC	OTE Registere	ed Age	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTOR	S IN 12	
111.f	PD	DELETE	1.1 1	iiTLE		7,001101070111102010 01110		Change	Additio	
NAME	EATON, JAMES H.		- 1	VAME				•		
STREET ADDRESS	ASSECTION OF THE ASSECTION				ADDRESS					
C-TY - ST - ZIP	BONITA SPRINGS FL			CITY-5						
TITLE	DS	DELETE	2.17	**********				Change	Additio	
NAME	MURTY, TIMOTHY		221	IAME						
STREET ADORESS	1633 PERIWINKLE WAY		235	STREET	ADDRESS					
CHTY - ST - ZIP	SANIBEL FL		2.41	CITY-S	T-ZIP		·····			
TITLE	D	☐ DELETE	311	ITLE				L Change	Additio	
NAME	ANGELO, JOSEPH		32 N	NAME						
STREET ADDRESS	1		3.3 5	STREET	address					
City-S1-7/2	KENOSHA WI	Terrese		CITY - S	I - ZIP			1 0	T LANGE	
TITLE	D DARREST DARRES	☐ DELETE	4.13					Change	Addition	
NAME	GILLETTE, DARRELL			NAME	1000500					
STREET ADDRESS	5148 N MONTEREY NORRIDGE IL				ADDRESS					
CITY-ST-ZIP	D NORMUGE IL	DELETE		CITY - S TITLE	1-211			Change	Addition	
NAME.	DONNELLY, JOHN	>	1	NAME	}			change	- round	
	ALL CARLESTON ALCOHOLD		1		ADORESS					
STREET ADDRESS CHY+S*-ZIP	FLORAL PARK NY			SIREEI Sity-si						
TELE	LEGING FRINCIS	DELETE		HTLE	1 - 211			Change	Addition	
NAMÉ			1	NAME						
STREET ADDRESS					ADDRESS					
City-S1-7iP				CHTY-S						
PH 1 - 91 - 511	1		# U.4 L		1 20 1					

14. I do 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2-3-97

941-472-1000 Dayt me Prone #