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

PROFIT CORPORATION ANNUAL REPORT ,



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

M68967

HEXAGON DEVELOPMENT GROUP, INC.

FILED Apr 06 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			
1					•
					DO NOT WRITE IN THIS SPACE
[3. Date Incorporated or Qualified
					2/19/88
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21 1633 PERIWINKLE WAY 26 1633 PERIWIN			INKLE	WAY	65-0039080 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22 A 27 A					Fee Required
City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be
23 SANIBE		SANIBEL, F			Trust Fund Contribution
Zip 22057	Country 25 LEE	^{2/p} 33957	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 33957	25 LEE 9. Name and Address of Curr		10 LEE	-	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	s. Name and Address of Curr	ent negistereo Agent	81	Name	10. Haille allo Aubiess of Herr neglistered Agent
TIMOTE	HY J. MURTY, ESQ.				
1633 PERIWINKLE WAY, SUITE A				Address (P.O. Box Number is Not Acceptable)	
SANIBEL, FL 33957				}	
5,111250	22, 12 00001		["	l	
			84	City	85 Zip Code
11 Purcuant	to the provisions of Sections 607 Of	02 and 607 1508 Florida Statutos	the above	e-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 a	geot and title if applicable (NOTE	Aggistered Ag	ent signature	required when reinstalling) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	11 TITLE		P/D Change Addition
NAME			1 2 NAME		TIMOTHY J. MURTY
STREET ADDRESS			1 3 STREET	ADDRESS	1633 PERIWINKLE WAY, SUITE A
CATY - ST - ZIP			1.4 CITY - S	ST - ZIP	SANIBEL FL 33957
TITLE		☐ DELETE	21 TITLE		V/D
NAME			22 NAME		DARREL GILLETTE
STREET ADDRESS			23 STREET	ADDRESS	5148 N. MONTEREY
CITY-ST-ZIP			2 4 CITY	\$1 - ŽIP	NORRIDGE, IL 60656
TITLE		☐ DELETE	3 1 THTLE		S/T/D Change Addition
NAME			3 2 NAME		DARLA SWAB
STREET ADDRESS			3 3 STREET	ADDRESS	3001 TAMIAMI TRAIL N
CITY-ST-ZIP			34 CITY -	SI - ZIP	NAPLES, FL 34103
†1⊺L€		☐ DELETE	4 1 TITLE		D Change Addition
NAME			4 2 NAME		JAMES H. EATON
STREET ADDRESS			4.3 STREET	ADORESS	26235 HICKORY BLVD #2D
City St-ZIP			44 CITY S	1-ZIP	BONITA SPRINGS, FL 34134
INTE		☐ DELETE	5111116		D Change Addition
TIAME			5 2 NAME		JOHN DONNELLY
STREET ADDRESS			5 3 \$1REE1	ADDRESS	211 CARNATION AVE
Offy-St-ZiP			5 4 Cily - S	T - ZIP	ELOPAL PARK NY 13001
1014		DELETE	6 I TIILE	ļ	
NAME:			62 NAME		-04/06/9801018013
MREET ADDRESS			63 STREET		***150.00
CITY - ST - ZIP			64 City S	T - 71P	<u></u>

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 suppliemental 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.

TIMOTHY J. MURTY, PRES. BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING 941-472-1000