


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

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90035 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M68967
 1. Corporation Name
HEXAGON DEVELOPMENT GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1633 PERIWINKLE WAY A SANIBEL FL 33957 US	Mailing Address 1633 PERIWINKLE WAY A SANIBEL FL 33957 US
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3. Date Incorporated or Qualified 02/19/1988	
4. FEI Number 65-0039080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MURTY, TIMOTHY J. ESQ.
HEXAGON DEVELOPMENT GROUP, INC.
1633 PERIWINKLE WAY, SUITE A
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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]* DATE: **1-2-99**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	EATON, JAMES H
STREET ADDRESS	26235 HICKORY BLVD #2D
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	PD <input type="checkbox"/> DELETE
NAME	MURTY, TIMOTHY J
STREET ADDRESS	1633 PERIWINKLE WAY, SUITE A
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	VD <input type="checkbox"/> DELETE
NAME	GILLETTE, DARRELL
STREET ADDRESS	5148 N MONTEREY
CITY-ST-ZIP	NORRIDGE IL 60856
TITLE	D <input type="checkbox"/> DELETE
NAME	DONNELLY, JOHN
STREET ADDRESS	211 CARNATION AVENUE
CITY-ST-ZIP	FLORAL PARK NY 11001
TITLE	STD <input type="checkbox"/> DELETE
NAME	SWAB, DARLA
STREET ADDRESS	3001 TAMiami TRAIL N
CITY-ST-ZIP	NAPLES FL 34103
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1-2-99** DAYTIME PHONE #: **941-472-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)