## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

MENT # M85910

(1)

DOCUMENT #
1. Corporation Name

JANET HATFIELD, INC.

							I 10018011 IBI 10101 0110 10161 III			
Principal Place of	of Business	M	la ling Address							
% JANET H	ATFIELD		% JANET HATFIELD							
BOX 15625	22004		BOX 15625 TAMPA FL 33684							
TAMPA FL	33004		MMFA FL 33004				3. Date Incorporated or Qualified 06/06/1988	3a. Date	of Last F <b>04/04/</b>	Report 1995
2. Principal Place of Business			2a. Mailing Address 26			4. FEI Number         Applied For Not Applicate			Applied For Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc				5. Certificate of Status Desired	垂		5 Additional Required
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	29	Zip	30 30	ntry		8. This corporation has liability for i		ix under s	199.032
	9. Name and Address of Current	Regi	stered Agent				10. Name and Address of New R	egistered	Agent	
					81	Name				
HATFIELD, JANET 5820 N. CHURCH ST. UNIT 316						Street Add	ss (P.O. Box Number is Not Acceptable)			
TAMPA	FL 33614			9	34	City			85 2	Ip Code
						,		FL	.   _   _	
or registere familiar with	the provisions of Sections 607.0502 d agent, or both, in the State of Florio n, and accept the obligations of, Secti	la. Suc on 607	ch change was authorize 2.0505, Florida Statutes	es, the ed by t	rp	named corpo oration's boa	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of crit pintment as	registere	d agent. I am
SIGNATURE _	Signature, typed or printer: name of registered agont	anciti e :	Leopicable (NC	TE: Begis	Qr:s	nt signature requir	ed wher reinstalling)	DATE		
12.	_ UPTICERS AND	DIRE	CIURS		_		ADDITIONS/CHANGES TO OFF			
TITLE	D IATEIC D IANET		DELETE	1	LE			[	Change	Addition
NAME	HATFIELD, JANET 5820 N. CHURCH ST. #316	•		1.	VΕ	ļ				
STREET ADDRESS	TAMPA FL	,		1	(EE)	ADDRESS				
CITY-S1-ZIP	INMIAIL		DELETE	1		ST-ZIP			Change	Addition
TITLE			☐ Dereie	2.	i L.E			i	Griange	
NAME				2	ME					
STREET ADDRESS				2		ADDRESS				
CITY-ST-ZIP TITLE			[ ] DELETE	3.	TLE	ST - ZIP			Change	Addition
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CITY-ST-ZIP				3		S1-21P				
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NAME				4.3	2 AME					
STREET ADDRESS				4.3	3 1REE	I ADDRESS				
CITY-ST-ZIP				4.		ST-ZIP				
TITLE			DELETE	5	HILE				Change	Addition
NAME					2 NAME					
STREET ADDRESS				5	3 STREE	1 ADDRESS				
CITY-ST-2IP					4 CITY -					
TITLE			DELETE		11111.6				Change	Addition
NAME					2 NAME					
STREET ADDRESS				6	3 STREE	T ADDRESS				
CITY-ST-ZIP	•			- 6	4 CITY -	ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Ffurther certify that the information indicated on this annual report or supplemental angual 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 truetee/empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on a visitachment with an address.

SIGNATURE:

NATURE AND TYPED OR BENEFIED NAME OF SIGNING OFFICER OR DIRECTOR

(418) 432-1560