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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M85910

(1)

FILED Feb 18 1998 8:00am Secretary of State

I, Corporation		\ /			
JANET	HATFIELD, INC.				
					<u> </u>
Principal Plac	ce of Business	Mailing Address			iah ciril bibh cibh cibh cibh
% JANET HA	TFIELD	% JANET HATFIELD			
BOX 15625 BOX 15625				DO NOT WRITE IN TH	S SDACE
TAMPA FL 3	3684	TAMPA FL 33684		3. Date Incorporated or Qualified	3 STACE
				06/06/1988	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1970	1 CAT LANE	26 1414 COCT	-CHO E	59-2895700	Not Applicable
Suite, Apt	₩, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		Gity & State	F.	6. Election Campaign Financing	\$5.00 May Be
23 /1/	$\frac{16/2.00}{10000000000000000000000000000000000$	28 /AKE 1AND		Trust Fund Contribution	Added to Fees
Zip タラ	Country	Zip 20/5	Country	8. This corporation owes or has paid the	current year Intangible
24 55	g, Name and Address of Curre		0	Personal Property Tax due June 30. 10. Name and Address of New Registere	
LIA		on riegistatos Agont	81 Name	. /	27.3011
MATFIELD, JANET				ANCT HATFIELD	
5820 N. CHURCH ST. UNIT 316			82 Street Add	dress (P.O. Bóx Number is Not Acceptable) 414 COLT LANE	
	MPA FL 33614		83	11-1 -001 01-100	
I.A.	MFA FL 33014				·
			84 City	AKOLKUS, FT. F	85 Zip Code
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named co	rporation submits this statement for the purpose	of changing its registered
office or I	registered agent, or both, in the State am familiar with, and accept the obli	te of Florida. Such change was au igations of Section 607 0505. Flori	thorized by the corpora da Statutes	ation's board of directors. I hereby accept the a	ppointment as registered
_	an land and accept the con-	gallono ol, boollon con booo, mon	da biaidibb.		
SIGNATURE	Signature, typed or printed name of registered a	gent and little if applicable. (NOTE:	Registered Agent signature req	ulred when reinstaling) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
THLE	D	DELETE	1,1 TITLE		Change Addition
NAME	HATFIELD, JANET		1,2 NAME	LAKE LAWS A. 33815	(AZXXC55)
STREET ADDRESS	5820 N. CHURCH ST. #316		1.3 STREET ADDRESS	1914 COCT LANCE 77016	(OHANGE)
CITY-ST-ZIP	TAMPA FL	T ocusar	1.4 CITY+ST-ZIP	LAKE LAND, Pl. 37813	V
TITLE		DELETE	2.1 TITLE	·	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	gw. e	
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		D Dittere	3.1 TITLE		C CHAINE
NAME CAREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 laddress.