

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32876

(7)

1. Corporation Name

HICKORY POINT 55'S, INC.



Principal Place of Business

1181 ANCLOTE ROAD
LOT 5
TARPON SPRINGS FL 34689

Mailing Address

1181 ANCLOTE ROAD
LOT 5
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified
06/20/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 LOT #20A

26 LOT #20A

4. FEI Number
59-3139306

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

FLEMING, ALEX
1181 ANCLOTE RD #5
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name GRANADE, WALTER
82 Street Address (P.O. Box Number is Not Acceptable)
1181 ANCLOTE RD #20A
83
84 City TARPON SPGS FL 85 Zip Code 34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Alexander Fleming

10 MAR 96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME FLEMING, ALEXANDER
STREET ADDRESS 1181 ANCLOTE RD #5
CITY-ST-ZIP TARPON SPGS FL 34689

1.1 TITLE PRES ☒ Change ☐ Addition

1.2 NAME GRANADE, WALTER
1.3 STREET ADDRESS 1181 ANCLOTE RD #20A
1.4 CITY-ST-ZIP TARPON SPGS FL 34689

TITLE S ☐ DELETE

NAME WESTERN, RAYMOND
STREET ADDRESS 1181 ANCLOTE RD #7
CITY-ST-ZIP TARPON SPGS FL 34689

2.1 TITLE SEC ☒ Change ☐ Addition

2.2 NAME GRANADE, PAULETTE
2.3 STREET ADDRESS 1181 ANCLOTE RD #20A
2.4 CITY-ST-ZIP TARPON SPGS, FL 34689

TITLE V ☐ DELETE

NAME GRANADE, WALTER
STREET ADDRESS 1181 ANCLOTE RD #20A
CITY-ST-ZIP TARPON SPGS FL 34689

3.1 TITLE PRES. ☒ Change ☐ Addition

3.2 NAME ROBERT DAY
3.3 STREET ADDRESS 1181 ANCLOTE RD #21
3.4 CITY-ST-ZIP TARPON SPGS, FL 34689

TITLE T ☐ DELETE

NAME FLEMING, BETTY
STREET ADDRESS 1181 ANCLOTE RD. #5
CITY-ST-ZIP TARPON SPGS FL

4.1 TITLE OIC ☒ Change ☐ Addition

4.2 NAME ALEXANDER FLEMING
4.3 STREET ADDRESS 1181 ANCLOTE RD #5
4.4 CITY-ST-ZIP TARPON SPGS, FL 34689

TITLE D ☐ DELETE

NAME ~~DOHERTY, ALFRED~~
STREET ADDRESS ~~1181 ANCLOTE RD #28~~
CITY-ST-ZIP ~~TARPON SPGS FL~~

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 600001742976
5.4 CITY-ST-ZIP -03/14/96--01046--007
***61.25

TITLE D ☐ DELETE

NAME DOHERTY, ALFRED
STREET ADDRESS 1181 ANCLOTE RD #32
CITY-ST-ZIP TARPON SPRINGS FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ALEXANDER FLEMING

Alexander Fleming

JAN 31, 1996 813 934-0282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)