FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400003232 (5)

HAWKINS STREET PRODUCTIONS, INCORPORATED

Principal Place of Business	Mailing Address			
5989 RIDGE CREST CIR SUITE 6-231 MILTON FL 32570 US	15 BRENT LANE SUITE 6-231 PENSACOLA FL 32503-2259			

	FILED
Jul 23	1997 8:00am
Secr	etary of State



Principal Plac	e of Business	Mailing Address			1 (DOILLIE) DIE CENTE DIDIN DOING EDERL	80111 00311 001 40 1111 0 1100		
5989 RIDGE CREST CIR								
US			3. Date Incorporated or Qualified 06/22/1994					
2. Principal P	Place of Business 1 Ridge Crest Cir.	2a. Maiting Address			4. FEI Number 59-3286098	 - - 	oplied For of Applicable	
Suite Apt.		Suite, Apt. #, etc.				60 75		
22	7-7-1	27			5. Certificate of Status Desired Fee Required			
City & Stat 23 Mi 1	on, FL	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24325		29	30					
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent		
	444# API PAPP		01	Name	TIE			
EVANS, KAYÉ CELESTÉ 15 BRENT LANE		62	Street Add	ress (P.O. Box Number is Not Acceptable)				
SUITE 6			63					
PENSAL	COLA FL 32503		84	City		FL 85 Zip	Code	
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State our familiar with, and accept the obligations.	and 617,1508, Florida Statut If Florida, Such change was a ions of, Section 617,0503, Flo	es, the abov authorized by orida Statute	e-named corp the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing it the appointment as	s registered registered	
SIGNATURE	Signifiate, typed or printed name of registered agen						}	
12.	OFFICERS AND		13.	ent signature raqui	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTOR	S IN 12	
TITLE	D	DELETE	1.1 TITLE		7.007//01/07/01/02/07/0	Change	Addition	
NAME	EVANS, CELESTE KAYE		1.2 NAME				_ [5	
STREET ADDRESS	5989 RIDGE CREST CIRCLE		1.3 STREET	ADDRESS			[
CITY-ST-ZIP	MILTON FL		1.4 CITY-5	ST-ZIP			18	
TITLE	D	DELETE	2.1 TITLE			☐ Change	☐ Addition C	
NAME	WALBEY, LORRAINE C		2.2 NAME				ļ	
STREET ADDRESS	4761 NELMAR PLACE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL	T DELETE	2.4 CITY-	ST-ZIP			1.4400	
TITLE NAME	MODOAN VONDOLVN	☐ DELETE	3.1 TITLE			L Change	Addition	
STREET ADDRESS	MORGAN, VONDOLYN 2301 W MICHIGAN AVENUE (111	3.2 NAME 3.3 STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL	11	3.3 STREET					
TITLE	D	DELETE	4.1 TITLE	01 - 4IE		Change	Addition	
NAME	HENDRIETH, PAULA		4. 2 NAME					
STREET ADDRESS	2119 LANGLEY AVE			ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY - 5	1				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	T-ZIP		<u> </u>		
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY - S	T. 71P				

14. I do 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 617, Florida Statutes; and that my pame appears in Block 12 or Block 13 if changed or on an attachment with an address. Raye Celeste Evans