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May 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004961 (6)

1. Corporation Name

~~WWW.FAMILIES ON THE NET.ORG, INC.~~

HEDGE BUILDERS, INC. N/C 12/23/96

Principal Place of Business

Mailing Address

2000 WEST BAY DRIVE
LARGO FL 33770

2000 WEST BAY DRIVE
LARGO FL 33770-4905

3. Date Incorporated or Qualified
09/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 11025 SPRING ST

25 11025 SPRING ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

LARGO FL

27

City & State

LARGO FL

23

Zip

33774

Country

US

28

Zip

33774

Country

US

24

25

29

30

4. FEI Number

59-3423556

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, REMINGTON
2000 WEST BAY DRIVE
LARGO FL 33770

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11025 SPRING ST

83

84 City

LARGO

FL

85 Zip Code

33774

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

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	PSTD	<input type="checkbox"/> DELETE
NAME	DEAN, REMINGTON	
STREET ADDRESS	417 SIERRA CIRCLE 11025 SPRING ST.	
CITY-ST-ZIP	LARGO FL 33770 LARGO, FL 33774	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAUMSCHILD, MARK	
STREET ADDRESS	104TH TERRACE NORTH	
CITY-ST-ZIP	LARGO FL 33778-3407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOODY, KENNETH M	
STREET ADDRESS	2195 LANAL AVENUE	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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***70.00

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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)