

FILE NOW: FILING FEE IS \$61.25

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90037 030 ****70.00

005563

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004961

1. Corporation Name

HEDGEBUILDERS, INC.

Principal Place of Business

2195 LANAI AVENUE
BELLEAIR BLUFFS FL 33770
US

Mailing Address

2195 LANAI AVENUE
BELLEAIR BLUFFS FL 33770
US



2. Principal Place of Business

21 12470 91st Avenue

Suite, Apt. #, etc.

22

City & State

23 Seminole, FL

Zip Country

24 33772

25 Pinellas

2a. Mailing Address

26 12470 91st Avenue

Suite, Apt. #, etc.

27

City & State

28 Seminole, FL

Zip Country

29 33772

30 Pinellas

3. Date Incorporated or Qualified

09/25/1996

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

9. Name and Address of Current Registered Agent

MOODY, KENNETH M
2195 LANAI AVENUE
BELLEAIR BLUFFS FL 33770

10. Name and Address of New Registered Agent

81 Name

Sheri Nymark

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

12470 91st Avenue

83

84 City

Seminole,

FL

85 Zip Code

33772

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

Sheri Nymark

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

(NOTE: Registered Agent signature required when reinstating)

5/19/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
DEAN, REMINGTON
STREET ADDRESS 440 WELDON DRIVE
CITY-ST-ZIP CHELSEA AL 35043

TITLE ☐ DELETE

NAME VD
MOODY, DIANE H
STREET ADDRESS 2195 LANAI AVENUE
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE ☐ DELETE

NAME PSTD
MOODY, KENNETH M
STREET ADDRESS 2195 LANAI AVENUE
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD

Moody, Diane H

586 Hwy 70

Pegram, TN 37143

PSTD

Moody, Kenneth M

586 Hwy 70

Pegram, TN 37143

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth M. Moody* **SIGNATURE REQUIRED** *5-5-99 615-646-7625*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)