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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004140 (6)**

1. Corporation Name

HKPC, INC.

Principal Place of Business

Mailing Address

**C/O SUNCOAST HEALTH COUNCIL, INC.
9721 EXECUTIVE CENTER DRIVE SUITE 114
ST. PETERSBURG FL 33702**

**C/O SUNCOAST HEALTH COUNCIL, INC.
9721 EXECUTIVE CENTER DRIVE SUITE 114
ST. PETERSBURG FL 33702**

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

31-1573543

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

28

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUGG, ELIZABETH
C/O SUNCOAST HEALTH COUNCIL, INC.
9721 EXECUTIVE CENTER DRIVE SUITE 114
ST. PETERSBURG FL 33702**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
HALL, CHARLES A
7428 WATERSILK
PINELLAS PARK FL 33782**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
HEILMAN, JOHN
500 7TH AVENUE SOUTH
ST. PETERSBURG FL 33701**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD
PLICHINSKI, MARION
301 4TH STREET SW
LARGO FL 33779-2942**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD
SIVER, ROBERT I
801 6TH STREET SOUTH
ST. PETERSBURG FL 33701**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
HAMERLINCK, JOHN
8801 MEADOW BROOK DR
LARGO FL 33777**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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

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Change

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Addition

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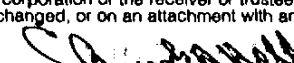
Change

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Addition

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.

SIGNATURE:



Charles A. Hall 4/14/98 (813) 547-1189

CR2E037 (10/97)