SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR SEFORE 09/30/98: \$61,25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236,25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Oct 14 1998 8:00am Secretary of State

Copposition reside	, ,	1
HEWITT FLATS HUNT CLUB INC.		A SERVINE AND THE SERVINE SERVINES AND SERVINESS AND SE

Principal Place of Business	Malling Address			Balin adın adın aşını bildi idin dibin idin idi	
RT 1. BOX 137-Z BLOUNTSTOWN FL 32424 RT 1. BOX 137-Z BLOUNTSTOWN FL 32424		24	3. Date Incorporated or Quali	3. Date Incorporated or Qualified 10/16/1997	
			4. FEI Number 59 - 35/457	Applied For Not Applicab	
2. Principal Place of Business	2a. Mailing Address		5. Certificate of Status Desire	CO 75 A 4495	
Suite, Apt. #, etc.	Sulte, Apl. #, etc.		Election Campaign Financi Trust Fund Contribution		
Country	City & State	Country	7. Is this nonprofit corporation	a homeowners association?	
Name and Address of Co	29	30	8. This corporation owes or h	s paid the ourrent year Intendible	
THE PROPERTY OF CI	urrent Registered Agent		Personal Property Tax due 10. Name and Address of Ne		
RODGERS, JASON		81 Nan	ne and Addition of Ne	W Registered Agent	
RT 1, BOX 137-Z		82 Stree	et Address (D.O. S.		
BLOUNTSTOWN FL 32424			et Address (P.O. Box Number is Not Acce	ptable)	
		83			
_		84 City			
Pursuant to the provisions of sections 617.05 office or registered agent, or both, in the Stategent, it am familiar with, and accept the obligation.	-02 a d 045	, ,,		85 Zip Code	
office or registered agent, or both, in the Sta	tle of Florida, Such change was a	the above-named o	corporation submits this statement for the	FL S Ep socio	
SIGNATURE	igations of, section 617.0503, Flori	thorized by the corp da Statutes.	oration's board of directors. I hereby accept	Irpose of changing its registered	
			•	as tableten as tableted	
Signature, typed or printed name of registered					
Signature, typed or printed name of registered in 12.		E: Registered Agent signat	ture required when reinstating)		
OFFICERS	AND DIRECTORS	E: Registered Agent signat	ture required when reinstating)	DATE	
TITLE "D" President		E: Registered Agent signat	ture required when reinstating)		
TITLE "D" President	AND DIRECTORS	E: Registered Agent signat 13.	ture required when reinstating)	DATE	
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nd that my signature shall have the same legal effect as if made under oath; that I am oute this report as required by Chapter 617, Florida Statutes; and that my name appears

SIGNATURE:

TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR