

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000012052 (6)

1. Corporation Name

HCH MARKETING, INC.

Principal Place of Business

2744 US #1 SOUTH
ST AUGUSTINE FL 32086
US

Mailing Address

2744 US #1 SOUTH
ST. AUGUSTINE FL 32086
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1992

4. FEI Number

43-1396805

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

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

3580 Lone Wolf Trl.

Suite, Apt. #, etc.

27

City & State

28

St. Augustine FL

Zip

29

32086

Country

30

USA

9. Name and Address of Current Registered Agent

HOEFER, H C JR
3580 LONE WOLF TRAIL
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person in charge of the corporation (this person must be a resident of Florida)

(If 11. Registered Agent's signature required when registering)

(Date)

5-1-98

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

HOEFER, H. C JR
3580 LONE WOLF TR.
ST. AUGUSTINE FL 32086

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

HOEFER, ANN H
3580 LONE WOLF TR.
ST. AUGUSTINE FL 32086

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

SADLEK, CYNTHIA H
3668 E. KIMBERLY RD., #323
DAVENPORT LA 52807

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

HOEFER, H C III
3669 CASTLE REAGH PLACE
RIVERSIDE CA 92506

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

[Signature]

CP2E034 (10/97)