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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000014474 (0)

HAWKINS INVESTMENTS, INC.

Principal Place of Business

Mailing Address

FILED Feb 09 1998 8:00am Secretary of State



1921 DEWEY PLACE JACKBONVILLE FL 32207		1921 DEWEY PLACE JACKSONVILLE FL 32207		DO NOT WRITE IN TH	IIS_SPACE			
					3. Date Incorporated or Qualified 12/21/1992			
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number		Applied For	
21	_	26			59-3156602	59-3156602 Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred			
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	28	T Co.		Trust Fund Contribution		Ided to Fees	
24]	Country	Zip	\vdash	intry	8. This corporation owes or has paid the			
24]	9. Name and Address of Current	29 t Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes Agent	∐ No	
НА	WKINS, ROY L			81 Name	(b) Name and Neurosa of Heat Hogiston	ou Agont		
	21 DEWEY PLACE							
	CKSONVILLE FL 32207			82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
VITE	PROPERTY OF THE PERCY			83				
				84 City	F	85	Zip Code	
office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State of familiar with, and accept the obliga	of Florida. Such change was	s authorized	d by the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of chang appointmen	ing its registere nt as registered	
SIGNATURE								
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	Agent signature req	uited when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		TOPS IN 12	
TITLE	D	DELETE	1.1 111	ile	ADDITIONS/CHANGES TO OTTICERS A	Cha		
NAME	HAWKINS, ROY L		1.2 NA	1			ingo Ell Additio	
STREET ADDRESS	1921 DEWEY PLACE		1	REET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32207		I	IY-ST-ZIP				
TITLE	7.1011007111	DELETE	2.1 111			☐ Cha	inge 🔲 Additio	
NAME			2.2 NA				mgo 🗀 Noonac	
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			4	TY-ST-ZIP				
TITLE		DELÉTÉ	3.1 TIT			Cha	nge 🔲 Additio	
NAME			3.2 NA	ME		_		
STREET ADDRESS	r			REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE	4.1 TIT	+		☐ Cha	nge	
NAME			4. 2 N/	VME				
STREET ADDRESS			4.3 \$11	REET ADDRESS				
CITY-ST-ZIP				Y-SY-ZIP				
TITLE		☐ DELETE	5.1 TIT			Cha	nge 🔲 Additio	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			5 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE		☐ Cha	nge 🔲 Additio	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP				
indicated o	n this annual report or supplemental	annual report is true and ac	for the exe	mption stated in that my signat	n Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and the	U ent	t ine information n, that I am an e appears in	