

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 AM 10: 02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000032679 (1)

1. Corporation Name

HAWKS VIEW, INC.

Principal Place of Business
**7801 SADDLEBROOK DR
PORT ST LUCIE FL 34986**

Mailing Address
**7801 SADDLEBROOK DR
PORT ST LUCIE FL 34986**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/05/1993

3a. Date of Last Report
06/24/1994

4. FEI Number
65-0471776

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 has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**WARD, MATTHEW A
7801 SADDLEBROOK DR
PORT ST LUCIE FL 34986**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WARD, MATTHEW A
STREET ADDRESS	7801 SADDLEBROOK DR
CITY - ST - ZIP	PORT ST LUCIE FL
TITLE	SD
NAME	WARD, MICHAEL D
STREET ADDRESS	7801 SADDLEBROOK DR
CITY - ST - ZIP	PORT ST LUCIE FL
TITLE	D
NAME	WARD, CHRISTOPHER H
STREET ADDRESS	7801 SADDLEBROOK DR
CITY - ST - ZIP	PORT ST LUCIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	WARD, MATTHEW A	
1.3 STREET ADDRESS	7801 SADDLEBROOK DR	
1.4 CITY - ST - ZIP	PORT ST LUCIE FL 34986	
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	WARD, MICHAEL D	
2.3 STREET ADDRESS	7801 SADDLEBROOK DR	
2.4 CITY - ST - ZIP	PORT ST LUCIE FL 34986	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	WARD, CHRISTOPHER H	
3.3 STREET ADDRESS	7801 SADDLEBROOK DR	
3.4 CITY - ST - ZIP	PORT ST LUCIE FL 34986	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Matthew A. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MATTHEW A. WARD

3/15/95 **407-404-1188**
Date Phone