

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90375 028 ***150.00

0459107

1. Entity Name
RICHARD G. HATHAWAY, P.A.

Principal Place of Business	Mailing Address
10151 DEERWOOD PARK BLVD BLDG. 100, SUITE 250 JACKSONVILLE FL 32256 US	P.O. BOX 551165 JACKSONVILLE FL 32255 US

2. Principal Place of Business 50 AIA, North - Suite 102 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 3177 Suite, Apt. #, etc.
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Ponte Vedra Beach		Ponte Vedra Beach, FL	
City & State		City & State	
Florida	32082	Florida	32082
Zip	Country	Zip	Country
32082	St. Johns	32004-3177	St. Johns

4. FEI Number	59-3180836	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATHAWAY, RICHARD G
10161-DEERWOOD PARK BLVD
SUITE 250
JACKSONVILLE FL 32250

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [Signature] DATE 5/28/07
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	☐ Delete
NAME	HATHAWAY, RICHARD G	
STREET ADDRESS	10151 DEERWOOD PARK BLVD BLDG, 100 STE 250	
CITY - ST - ZIP	JACKSONVILLE FL 32256	

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	50 AIA North - Suite 102
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard L. Waddell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date	Daytime Phone #
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CR2E034 (10/00)