## 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 # P93000043178 (1)

H.G.C. CONSULTANT INC.

Principal Place of Business Mailing Address 39241 8TH AVE. ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1993 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0417844 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5 Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GUCK, HENRY H 39241 8TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) ZEPHYRHILLS FL 33540 83 84 City Zip Code 85 1. 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 bolh, 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. H GUCK SIGNATURE (NOTE: Registered Agent signature required when reinstating DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE GUCK, HENRY 1.2 NAME NAME STREET ADDRESS 39241 8TH AVE 1.3 STREET ADDRESS Zephyrhills fl CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITÝ - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP

6.4 CITY - ST - ZIP CITY-ST-ZIP 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.

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

DELETE

1-6~98

Change

Addition

**FILED** 

Jan 16 1998 8:00am

Secretary of State