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CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022170 (2)

TIM HERMES & ASSOCIATES, INC.

Principal Place of Business	Mailing Address	
673 LAKE DRIVE VERO BEACH FL 32963	673 LAKE DRIVE VERO BEACH FL 32963	

FILED Feb 02 1998 8:00am Secretary of State



673 LAKE DRIVE 673 LAKE DRIVE VERO BEACH FL 32963 VERO BEACH FL 32963								
VERO BEACH FL 32963 VERO BEACH FL 32963			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualified			
					03/22/1994			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number 65-041994	Ar Ar	oplied For		
21 26					65 0999040	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired \$8.75 Additions Fee Required				
City & State					6. Election Campaign Financing		May Be	
23	28				Trust Fund Contribution			
Zip	Country	Zip	Cou	ntry	8. This corporation dwes or has paid the current year Intangible			
24	25 g. Name and Address of Curr	29 29 Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
1.10		 		81 Name	10, Name and Address of New Registered	Agent		
	Enderson, steve l esquiri	5	Į	7.5				
1	7 BEACHLAND		[82 Street Add	dress (P.O. Box Number is Not Acceptable)			
VE	ERO BEACH FL 32963			83				
İ								
	a**			84 City	FI	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0.	502 and 607,1508, Florida Sta	atutes, the ab	ove-named cor			ts registered	
office or r	egistered agent, or both, in the Sta	te of Florida, Such change wa	as authorized	by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as	registered	
1	in rammar with, and accept the con	igations of occion our locus,	, i lolida olak	1163.	1			
SIGNATURE	Signature, typed or printed name of registered a	agent and title it applicable. (i	NOTE: Registered	Agent signature requ	uired when reinstating) DATE		₋	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	D	☐ DELETE	1.1 TIT	LE	•	Change	☐ Addition	
NAME	HERMES, TIM		1.2 NA	ME			;	
STREET ADDRESS	673 LAKE DRIVE		1.3 ST	REET AODRESS	e e		[
CITY - ST - ZIP	VERO BEACH FL 32963		1.4 CIT	Y-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TIT	LE		L Change	Addition C	
NAME	HERMES, RITA A		2.2 NA	ME				
STREET ADDRESS	673 LAKE DRIVE		2.3 STF	EET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32963			Y-ST-ZIP	1			
TITLE	VP	☐ DELETE	3.1 TIT		1	Change	Addition	
NAME	BLACK, TOM		3,2 NA					
STREET ADDRESS	2002 S 31ST STREET FORT PIERCE FL			EET ADDRESS	· ·			
CITY-ST-ZIP TITLE	FUMI PIENCE FL	DELETE		Y-ST-ZIP	+	Change	Addition	
,		[] DELETE	4.1 TIT			☐ cliaids	Addition	
NAME			4. 2 NA	l l				
STREET ADDRESS				EET ADDRESS	<u>.</u>			
CITY-ST-ZIP TITLE		DELETE		Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME		LJ DELETE	5.1 TITI	-		change	☐ AUGUOOR	
			5.2 NA	· ·	•			
STREET ADORESS				EET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CIT 6.1 TITI	r-ST-ZIP	+	☐ Change	Addition	
		- Defete		ļ.		Grange	Addition	
NAME			6.2 NAN	_				
STREET ADORESS				EET ADDRESS	ı			
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP				

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.