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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027499 (0)

HUTTON MANAGEMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



1923 BLACKSTONE CR 1923 BLACKSTONE CR NAPLES FL 33942 NAPLES FL 33942 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1994 2, Principal Place of Business Mylling Address O. Dec 10175 4. FEI Number Applied For 21 23-2745667 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PAUL, PHILIP C 1923 BLACKSTONE CR 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33942 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. **SIGNATURE** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ TITLE 1.1 TITLE Change Addition PAUL, PHILIP C NAME 1.2 NAME 1923 BLACKSTONE CR STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition HARVEY, MIKE R NAME **2.2 NAME 1923 BLACKSTONE CR** STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TIDE Addition NÁME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY+ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 channel, or on an attachment with an endress.