## 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 # P94000033275 (6)

H & C MANAGEMENT, INC.

Principal Place of Business

5026 N. US HWY 27

Mailing Address

**FILED** May 01 1998 8:00am Secretary of State



MADDED K HEATH TI UM 190 941,420,4277

P. O. BOX 1391 WINTER HAVEN FL 33882 LAKE WALES FL 83853 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1994 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 21 26 59-3241788 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zω Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SAMMONS, ROBERT O ESQ. 1556 SIXTH STREET, SOUTH EAST Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33880 83 84 City 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 W DELETE President/Director/ TITLE 1.1 TITLE HEATH, WARREN K. II treusurer NAME 1.2 NAME 2115 JONATHAN LANE, SOUTH EAST STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Vice President/Director Change TITLE 2.1 TITLE CARUSO, JOY A. NAME 2.2 NAME secretary **1626 SPRING LAKE DRIVE** STREET ADORESS 2.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Director Change Addition TITLE 3.1 TITLE Pamela S. Heath NAME 3.2 NAME 2115 Jonathan Ln, SE STREET ADDRESS 3.3 STREET ADDRESS Winter Haven, FL 33884 CITY-\$T-ZIP 3.4. CITY-ST-ZIP DELETE Director Change 4.1 1ITLE Joseph Caruso MALIF 4. 2 NAME 1626 Spring Lake Dr. Orlando, FL 32804 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 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 indicated on this annual report or supplemental annual report of the corporation of the receiver or sustableck 12 or Block 13 if changed, of on an attachment with es not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

is true and