

**ANNUAL FILING FEE AFTER MAY 1ST IS \$550.00**

**CORPORATION ANNUAL REPORT 1998**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # P94000056860 (7)**

1. Corporation Name  
**.HWY. 379, INC.**

Principal Place of Business

**RT 1 BOX 1467  
 HAVANA FL 32333**

Mailing Address

**P.O. BOX 50004  
 JACKSONVILLE BEACH FL 32250**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

**08/02/1994**

4. FEI Number

**59-3257544**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Election Campaign Financing  
 Trust Fund Contribution

☐

**\$5.00 May Be  
 Added to Fees**

8. This corporation owes or has paid the current year intangible  
 Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**~~HUTTO, MORGAN C~~  
~~1020 ORD AVE NORTH~~  
~~JACKSONVILLE BEACH FL 32250~~**

10. Name and Address of New Registered Agent

81 Name **M.V. HARBIN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**RT 1 BOX 1467**  
 83 **HA**  
 84 City **HAVANA** **FL** 85 Zip Code **32333**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
 NAME **~~HUTTO, M O~~**  
 STREET ADDRESS **~~1020 ORD AVE N~~**  
 CITY-ST-ZIP **~~JACKSONVILLE BEACH FL 32250~~**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
 1.2 NAME **M.V. HARBIN**  
 1.3 STREET ADDRESS **RT 1 BOX 1467**  
 1.4 CITY-ST-ZIP **HAVANA, FL 32333**

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS

2.4 CITY-ST-ZIP  
 3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS

3.4 CITY-ST-ZIP  
 4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS

4.4 CITY-ST-ZIP  
 5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP  
 6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS

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 recorder 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 in an attachment with an address.

SIGNATURE

**4/29/98 0232-0101**

CR2E034 (10/97)