

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063610 (7)

1. Corporation Name

HILDEN MCCOWIN, INC.



Principal Place of Business

Mailing Address

205 N. COLLIER BLVD.
SUITE 236
MARCO ISLAND FL 34145
US

P.O. BOX 1089
MARCO ISLAND FL 34146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1994

4. FEI Number

65-0518251

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

2. Principal Place of Business

2a. Mailing Address

21 205 N. COLLIER BLVD

26 PO Box 1089

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 234

27

City & State

City & State

23 MARCO ISL. FL

28 MARCO ISL FL

Zip

Country

Zip

Country

24 34145

25 COLLIER

29 34146

30 COLLIER

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILDEN, LARRY
4866 BERKELEY DRIVE
NAPLES FL 33962

81 Name HILDEN, LARRY

82 Street Address (P.O. Box Number is Not Acceptable)

4866 BERKELEY DR.

83

84 City NAPLES

FL

85 Zip Code 34112

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME HILDEN, LARRY
STREET ADDRESS 4866 BERKELEY DR.
CITY-ST-ZIP NAPLES FL 33962

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME LARRY HILDEN
1.3 STREET ADDRESS 4866 BERKELEY DR
1.4 CITY-ST-ZIP NAPLES, FL 34112

TITLE ST ☐ DELETE

NAME MCCOWIN, DONALD
STREET ADDRESS 1000 S COLLIER BLVD., STP 202
CITY-ST-ZIP MARCO ISLAND FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME MCCOWIN, DONALD
2.3 STREET ADDRESS PO Box 1089 N/A
2.4 CITY-ST-ZIP MARCO ISL FL 34146

TITLE V ☐ DELETE

NAME HILDEN, DONNA
STREET ADDRESS 4866 BERKELEY DR
CITY-ST-ZIP NAPLES FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address.

SIGNATURE:

4-9-98

941-642-7677

CR2E034 (10/97)