

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90024 025 \*\*\*150.00

DOCUMENT # P94000065394

1. Corporation Name  
HODGES MANAGEMENT INC.

Principal Place of Business

30657 US HWY 19 NORTH  
PALM HARBOR FL 34684  
US

Mailing Address

30657 US HWY 19 NORTH  
PALM HARBOR FL 34684  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1994

4. FEI Number

59-3266211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 30555 U.S. HWY 19 N  
Suite, Apt. #, etc.

2a. Mailing Address

26 30555 U.S. HWY 19 N  
Suite, Apt. #, etc.

City & State

23 PALM HARBOR FL

City & State

28 PALM HARBOR FL

Zip

24 34684

Country

Zip

29 34684

Country

9. Name and Address of Current Registered Agent

HODGES, THOMAS E  
1483 NOELL BLVD.  
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HODGES, THOMAS E.  
STREET ADDRESS 1483 NOELL BLVD.  
CITY-ST-ZIP PALM HARBOR FL

TITLE ST ☐ DELETE

NAME LISA R HODGES  
STREET ADDRESS 1483 NOELL BLVD.  
CITY-ST-ZIP PALM HARBOR FL

TITLE VP ☐ DELETE

NAME JOHNSON, MARILYN  
STREET ADDRESS 1403 BAYSHORE DRIVE  
CITY-ST-ZIP SAFETY HARBOR FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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 ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

34683

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

34683

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1403 Bayshore Drive

34695

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

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, with all other like empowered.

SIGNATURE:

Lisa R. Hodges  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4-6-99  
Daytime Phone # 727-786-1231

0496699

CR2E034 (11/98)