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 # P94000069696 (0)

H.T. III. ENTERPRISES, INC.

Principal	Place of	Business
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Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



121 NORTH COLLINS ST. P.O. BOX TT PLANT CITY FL \$3564-8040		121 NORTH COLLINS ST. P.O. BOX TT PLANT CITY FL 33564-904			DO NOT WRITE IN THIS SPACE			
			.•		3. Date Incorporated or Qualified			
					09/21/1994		[
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For	
21		26			59-3268806		ot Applicable	
Suite, Apt.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 / Fee Re		
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip	Country 8. This corporation owes or has paid the cu			,		
24	25		30	Personal Property Tax due June 30. Yes No				
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent		
BLACK, HARRY A			81	81 Name				
121 NORTH COLLINS ST.		82	82 Street Address (P.O. Box Number is Not Acceptable)					
). BOX TT							
PLA	NT CITY FL 33564-9040		83					
			84	City	FL	85 Zip (Code	
44 Pureuant i	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	es the abov	e-named co	-	t changing it	s registered	
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								
12.	Signature, typod or printed name of registured a	MD DIRECTORS	13.	ent signature re	quired when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTOR	E INI 12	
TITLE	n	DELETE	1.1 THE	<u>-</u>	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
NAME	BLACK, HARRY A	E section	12 NAME	İ		onungo		
STREET ADDRESS	121 N. COLLINS ST., P.O. E	ROY TT	1.3 STREET	AUDDICC				
- 1	PLANT CITY FL 33564-9040	JOX II					i	
CITY-ST-ZIP TITLE	D	DELETE	1.4 City - 8 2.1 Title	51 - 218	-	Change	Addition	
NAME	BLACK, TERESA B	En Decer	2.2 NAME			Onlingo		
1	121 N. COLLINS ST., P.O. E	MOV TT		- IDDDCCO				
STREET ADDRESS	PLANT CITY FL 33564-9040	OX II	2.3 STREET					
CITY-ST-ZIP	PD411 CITT PL 33304-8040	DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP		Change	Addition	
TITLE						C Cuarific	L ABOMON ,	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP		DELETE	3.4. CITY-	ST-ZIP		Change	Addition	
TITLE		f" DEFEIE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME				İ	
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP		Decete	4.4 CITY - 5	ST-ZIP		T 0.	1 1 1 1 1 1 1 1 1	
TITLE		☐ DELETE	5.1 TITLE			L Change	Addition	
NAME			5.2 NAME				ļ	
STREET ADDRESS			5.3 STREET	ADDRESS			ĺ	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - 9	ST-ZIP	<u> </u>			
TITLE		☐ DELET E	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME				į	
STREET ADDRESS			6.3 STREET	ADDRESS			1	
CITY-ST-ZIP		·	6.4 CITY - 9	17-21P				

14. Thereby 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 trusted 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 option attachment with an address.

11.74-60