

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
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90032 017 ***150.00

DOCUMENT # P95000056659

Corporation Name
HUTCHWORKS, INC.

Principal Place of Business

OSCEOLA AVENUE
JACKSONVILLE FL 32250

Mailing Address

320 OSCEOLA AVENUE
JACKSONVILLE FL 32250
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

07/21/1995

4. FEI Number

59-3325127

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HUTCHERSON, WILLIAM A
320 OSCEOLA AVENUE
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DPT HUTCHERSON, WILLIAM A 320 OSCEOLA AVENUE JACKSONVILLE FL	<input type="checkbox"/>	1.2 NAME	
S HUTCHERSON, AMELIA W 320 OSCEOLA AVENUE JACKSONVILLE FL	<input type="checkbox"/>	1.3 STREET ADDRESS	
	<input type="checkbox"/>	1.4 CITY-ST-ZIP	
	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	2.2 NAME	
	<input type="checkbox"/>	2.3 STREET ADDRESS	
	<input type="checkbox"/>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	3.2 NAME	
	<input type="checkbox"/>	3.3 STREET ADDRESS	
	<input type="checkbox"/>	3.4 CITY-ST-ZIP	
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	4.2 NAME	
	<input type="checkbox"/>	4.3 STREET ADDRESS	
	<input type="checkbox"/>	4.4 CITY-ST-ZIP	
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	5.2 NAME	
	<input type="checkbox"/>	5.3 STREET ADDRESS	
	<input type="checkbox"/>	5.4 CITY-ST-ZIP	
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	6.2 NAME	
	<input type="checkbox"/>	6.3 STREET ADDRESS	
	<input type="checkbox"/>	6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)