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FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000073083 (4)

1. Corporation Name  
H.Y. 60 CO.



Principal Place of Business  
~~3005 SR 90~~  
809 NORTH BELCHER ROAD  
CLEARWATER FL 34619  
US

Mailing Address  
3005 SR 90  
SUITE 200  
CLEARWATER FL 34625  
US

2. Principal Place of Business  
21 3005 SR 570  
Suite, Apt. #, etc.

22 200

23 CLEARWATER, FL

24 34619 25 USA

2a. Mailing Address  
26 Suite, Apt. #, etc.

27

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified  
09/21/1995

3a. Date of Last Report  
05/01/1996

4. FET Number  
59-3340995

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 has liability for intangible tax under s. 199.032,  
Florida Statutes. Yes ☒ No ☐

9. Name and Address of Current Registered Agent

HARRIS, MARSHALL S.  
~~3005 SR 90 SUITE 200~~  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name

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

3005 SR 570, SUITE 200

83

84 City

CLEARWATER

FL

85 Zip Code

34619

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HARRIS, MARSHALL S  
STREET ADDRESS ~~3005 SR 90 SUITE 200~~  
CITY-ST-ZIP CLEARWATER FL

TITLE VD  
NAME BROWN, ROBERT G  
STREET ADDRESS ~~3005 SR 90 SUITE 200~~  
CITY-ST-ZIP CLEARWATER FL

TITLE SD  
NAME TELFORD, JOHN T  
STREET ADDRESS ~~3005 SR 90 SUITE 200~~  
CITY-ST-ZIP CLEARWATER FL

TITLE TD  
NAME SPAULDING, DAVID  
STREET ADDRESS ~~3005 SR 90 SUITE 200~~  
CITY-ST-ZIP CLEARWATER FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 3005 SR 570, SUITE 200  
1.4 CITY-ST-ZIP 34619

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 3005 SR 570, SUITE 200  
2.4 CITY-ST-ZIP 34619

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 3005 SR 570, SUITE 200  
3.4 CITY-ST-ZIP 34619

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 3005 SR 570, SUITE 200  
4.4 CITY-ST-ZIP 34619

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

MARSHALL S. HARRIS

(012)-97-0888

CR2E034 (9/96)