

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 # **P96000010023 (5)**

1. Corporation Name
HEDO, INC.

Principal Place of Business

**1510 E 7TH AVE
TAMPA FL 33605
US**

Mailing Address

**100 SECOND AVENUE SOUTH STE 704
ST. PETERSBURG FL 33701**

FILED
Mar 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1510 E 7th Ave

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33605

Country

25 USA

2a. Mailing Address

26 1510 E 7th Ave.

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33605

Country

30 USA

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

59-3356533

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

9. Name and Address of Current Registered Agent

**LOCKICERO, CINDY L
100 SECOND AVENUE SOUTH STE 704
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name John Santoro

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

1510 E 7th Ave

83

84 City Tampa

FL

85 Zip Code 33605

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]

(NOTE: Registered Agent signature required when reinstating)

3-20-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **KLEINHAUS, CHRIS**

STREET ADDRESS **3211 SWANN #905**

CITY-ST-ZIP **TAMPA FL**

TITLE **TS** ☒ DELETE

NAME **KLEINHAUS, DON**

STREET ADDRESS **951 MARCISSUS AVE**

CITY-ST-ZIP **CLEARWATER BCH FL**

TITLE ☐ DELETE

NAME **President, Sec & Tr.**

STREET ADDRESS **Santoro, John**

CITY-ST-ZIP **644 Island Way #405**

Clearwater, FL 34630

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

SIGNATURE: *[Signature]*

3-20-98 813-580-4050

CR2E034 (10/97)