

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90012 044 ***150.00

DOCUMENT # ~~P 98000020902~~

1. Corporation Name

P96000036147

CO.

Hattensburg Development Inc. ✓

~~SUPREMACY STORAGE CENTERS, INC. OF HYDE PARK~~

Principal Place of Business

Mailing Address

331 WINDWARD ISLAND
CLEARWATER, FL 33767

SAME

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

~~3-15-1998~~

4. FEI Number

~~98-0000000~~ 59-3376884

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

GARY HATTENBURG

416 DREW ST. 331 Windward Island

CLEARWATER, FL 34615

10. Name and Address of New Registered Agent

81 Name
MARY E. VAN WINKLE

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

3844 BEE RIDGE ROAD

83 SUITE 202

84 City
SARASOTA,

FL

85 Zip Code
34233

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 MARY E. VAN WINKLE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------------|---------------------------|---------------------------------|
| TITLE | DIRECTOR, PRESIDENT | <input type="checkbox"/> DELETE |
| NAME | GARY HATTENBURG | |
| STREET ADDRESS | 331 WINDWARD ISLAND | |
| CITY-STATE-ZIP | CLEARWATER, FL 33767 | |
| TITLE | DIRECTOR, VICE PRESIDENT, | <input type="checkbox"/> DELETE |
| NAME | SECRETARY and TREASURER | |
| STREET ADDRESS | PATRICIA HATTENBURG | |
| CITY-STATE-ZIP | 331 WINDWARD ISLAND | |
| CLEARWATER, FL 33767 | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-STATE-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-STATE-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-STATE-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-STATE-ZIP | |

4. 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:

Gary Hattensburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY HATTENBURG

4/24/99
Date

727-447-2781

Daytime Phone #

CR2E034 (11/98)