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 # P96000049766 (4)

Country

HUT, INC.

Principal Place of Business 1855 GULF BOULEVARD ENGLEWOOD FL 34223

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

1855 GULF BOULEVARD ENGLEWOOD FL 34223

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☑ Ño

Yes

Not Applicable

3. Date Incorporated or Qualified

06/11/1996

65-0677394

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

4. FEI Number

9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
HAYWARD, SHELLEY M				31	Name						
1855 GULF BOULEVARD				12	Street Address (P.O. Box Number is Not Acceptable)						
ENGLEWOOD FL 34223											
			8:	13							
			8	4	City			85	Zip C	ode .	
							<u>FL</u>	1	•		
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.										registered egistered	
SIGNATURE											
	Signature, typed or printed name of registered agent and title if appli			\gent	t signature re	equired when reinstating) DA		D.D.E.			
12.	OFFICERS AND DIRECTOR	S DELETE	13.	_	-	ADDITIONS/CHANGES TO OFFICERS		Cha		Addition	
NAME	HAYWARD, SHELLY M		1.1 TITLE 1.2 NAME						nge	L Addition	
STREET ADDRESS	1855 GULF BOULEVARD			_	DDDCCC						
CITY-ST-ZIP	ENGLEWOOD FL 34223		1.3 STREE		1						
TITLE	P	DELETE	1.4 CITY - 2.1 TITLE	_	-20		- 1	Cha	ппе	Addition	
NAME	HAYWARD, GREGORY M		2.2 NAME								
STREET ADDRESS	1855 GULF BOULEVARD		2.3 STREE	_	DORESS						
CITY-ST-ZIP	ENGLEWOOD FL 34223		2. 4 CITY								
TITLE	VP	DELETE	3.1 TITLE					Cha	nge	Addition	
NAME	ROSZATYCKI, JOHN L		3.2 NAME	E							
STREET ADDRESS	200 - 13TH ST		3.3 STREE	ET AL	DDRESS						
City-St-Zip	BAY CITY MI 48708		3.4. CITY-	·-\$T-	-ZIP						
TITLE		☐ DELETE	4.1 TITLE	:		-	[Cha	nge	Addition	
NAME			4. 2 NAM	lΕ							
STREET ADDRESS			4.3 STREE	et ad	DDRESS						
CITY-ST-ZIP			4.4 CITY-		ZIP						
TITLE		☐ DELETE	5.1 TITLE		1		I	Cha.	nge	Addition	
NAME			5.2 NAME	E							
STREET ADDRESS			5.3 STREE	ET AC	DDRESS						
CITY-ST-ZIP		- DELETE	5.4 CITY-		ZIP			100			
TITLE		☐ DELETE	6.1 TITLE				L	Cha	nge	Addition	
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREE		1						
14. I hereby c	ertify that the information supplied with this filing of	loes not qualify for t	6.4 CITY- he exem:			in Section 119 07(3)(I) Florida Statutes I furthe	er cert	ify the	t the in	oformation	
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 cath; that I am an officer or director of the corporation or the receiver or trustee-perpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 12 or Block 13 if changed, or on an attackment with anaddress.											

Country

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