FILE NOW: FILING FEE AFTER MAY 1 IS $550

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTM[illegible] ATE
Sandra B.
DIVISION OF CORPORATIONS

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # **P96000051514 (3)**

1. Corporation Name
HATHAWAY & EDWARDS, P.A.

Principal Place of Business	Mailing Address
1105 N. DUVAL ST. **TALLAHASSEE FL 32303**	**PO BOX 15344** **TALLAHASSEE FL 32317-5344**

3. Date Incorporated or Qualified: 06/17/1996
3a. Date of Last Report:

2. Principal Place of Business
21 3823-B Thomasville Rd.
22 Suite, Apt. #, etc:
23 City & State:
24 Zip: 32312 25 Country:

2a. Mailing Address
26
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 59-3583805 ☐ 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

EDWARDS, BARBARA R
2428 OAK DALE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PD**	☐ DELETE	1.1 TITLE	PRES	☐ Change ☐ Addition
NAME	**EDWARDS, BARBARA R**		1.2 NAME	Barbara R. Edwards	
STREET ADDRESS	**PO BOX 15344**		1.3 STREET ADDRESS	2428 Oakdale ST	
CITY-ST-ZIP	**TALLAHASSEE FL 32317-5344**		1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	**STD**	☐ DELETE	2.1 TITLE	Secy-Tr.	☐ Change ☐ Addition
NAME	**HATHAWAY, KATHRYN A**		2.2 NAME	Kathryn A. Hathaway	
STREET ADDRESS	**PO BOX 15344**		2.3 STREET ADDRESS	2826 Wellington Dr	
CITY-ST-ZIP	**TALLAHASSEE FL 32317-5344**		2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Barbara R. Edwards Barbara R. Edwards 4-25-97 353-4100