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 # P96000055389 (6)

HATHAWAY BERKSHIRE, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

1320 MORELAND DRIVE STE A-3 CLEARWATER FL 34624 1320 MORELAND DRIVE STE A-3 CLEARWATER FL 34624 FILED
May 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

								3. Date Incorporated or Qualified		
								06/27/1996		
2. Principal Pl	lace of Busi	ness	2a. Ma	2a, Mailing Address				4. FEI Number Applied For		
21			26					59-3387287 Not Applicable		
Suite, Apt. #, etc.			27 Su	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required		
City & State	9		Cil	City & State				6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution Added to Fees		
Zip		Country	Zış		Cou	ntry		8. This corporation owes or has paid the current year Intangible		
24 <u>337</u>		25]	100	33764	9 [30]			Personal Property Tax due June 30. 🔀 Yes 🗌 No		
		and Address of Cur	rent Registere	ed Agent		81	NI	10. Name and Address of New Registered Agent		
NLACE, IM 3							81 Name			
1320 MORELAND DRIVE STE A-3						82 Street Address (P.O. Box Number is Not Acceptable)				
CLI	EARWATE	7 FL 34624								
						83				
						84	City	FL 85 Zip Code 33 76 4		
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. Nued out inted name of registered agent and title it applicable. (NOTE: Begistered Agent signature required when reinstating) DATE OATE										
	Signature, typed					Ager	n) signalure			
12.		OFFICERS /	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	T16.4 1		☐ DELETE	1.1 Tr			Z Change ☐ Addition		
NAME	KLACE,				1.2 N/					
STREET ADDRESS		ORELAND OR A-3					ADDRESS			
CITY-ST-ZIP	CLEAR	VATER FL		T profes		TY-ST	- ZIP	CLEARWATER, FL 33764		
TITLE				☐ DELETE	2 1 11			Change Addition		
NAME					2.2 N/					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP TITLE				DELETE	2. 4 C	TY-SI	r-ziP	Change Addition		
1				C) Dett it				I CHANGE LA AGUIDIT		
NAME					3.2 NA		. nnorce			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP				DELETE	3.4, CI 4.1 Ti		- 711	Change Addition		
NAME					4. 2 N			Statiga FOUNDAT		
STREET ADDRESS							ADDRESS			
CFTY-ST-ZIP					4.3 ST					
TITLE				DELETE	5 1 TII		- ZIF	Change Addition		
NAME					5.2 NA					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP					5.4 CI					
TITLE				DELETE	6.1 TIT		- 207	Change Addition		
NAME					6.2 NA					
STREET ADDRESS							LODRESS	1		
CITY-ST-ZIP					6.4 Cf					
14. I hereby c	ertify that th	e information supplied	with this filing	does not qualify	or the exe	mpti	on state	ed 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 13 if changed, or on an attachment with an address.										