**PROFIT** CORPORATION ANNUAL REPORT 1999



DOCUMENT # P96000068517

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 22, 1999 8:00 am Secretary of State

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|  | INAESTMENTS, INC.   |  |   |  |                                       |
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| Principal Plac   | e of Business   | Malling Address  |   | 4 låblidar sen i bird Ariti dåtit dåtit antil org  | · · · · · · · · · · · · · · · · · · · |
| C/O JAMES N  | ieal Hutchinson. Jr.  | C/O JAMES NEAL HUTCHIN   | SON. JR.  |  |                                       |
| 5200-S WASHI   | NOTON-AVE-  | 6200 6 WASHINGTON AVE  |   | DO MOT 14 TO TO TO   | IC ODACE                              |
| TITUSVILLE FL  | _32780  | TITUCVILLE FL 32780  |   | DO NOT WRITE IN THI  | S SPACE                               |
| fit:   |   | 90 -   | <del>-</del>  | 08/14/1996   |                                       |
|  | <del></del>   | I = 14 % A 11  | <del> </del>  | 4. FEI Number  | Applied For                           |
|  | Place of Business   | 2a. Mailing Address  | lee Rd  | 65-0686495   | Applied For Not Applicable            |
| 21 124   | 1,111,144,144,144,144,144,144,144,144,1                             |  | ca in   | 0070000490   | \$8.75 Additional                     |
| Suite, Apt.  |   | Suite, Apt. #, etc. 27 Second Fla                                |   | 5. Certificate of Status Desired   | Fee Required                          |
|  | nd Floor  | 27) Second F12<br>City & State                                   |   | a Fl. V . C — sive Financiae   |                                       |
| City & Stat  |   |  | lax-F/  | 6. Election Campaign Financing   | \$5.00 May Be                         |
| 23 Cora  | TOADIES IL  | 28   COYA-1-Gab  | Country   |  |                                       |
| ─ <sup>─ ረዋ</sup> 23.\ፈ  | Country   |  | ล <b>ี</b> ได้ร   | This corporation owes the current year li     Personal Property Tax.   | Mangibre □No                          |
| 24 3314  | 9. Name and Address of Current                                      | <del></del>  | <u> </u>  | 10. Name and Address of New Registerer   |                                       |
| <u> </u>   | a' Liguis and Vootest of Chiletii                                   | Ladioralan Whall   | 81 Name   | PAT TABLITA MAIN   |                                       |
| HIIT   | CHINSON, JAMES NEAL JR.   |  |   |  |                                       |
|  | O S WASHINGTON AVE  |  | 82 Street A   | ddress (P.O. Box Number Is Not Acceptable)   | \                                     |
|  | SVILLE FL 32780   |  | 63 174  | a Hardee Road  |                                       |
| ""   | SOVILLE 1 E OET OV  |  | °°  £   |  |                                       |
|  |   |  | 84 City   | m 1 Calalas  | 85 Zip Code                           |
|  |   |  | 1.0   | ralGables FI   | L     Z Z   4-70                      |
| 11. Pursuant   | to the provisions of Sections 607.0502                              | and 607.1508, Florida Statutes<br>/ Florida, Such channe was auf | , the above-named c   | orporation submits this statement for the purpose of atlants board of directors. I hereby accept the appointment of the purpose of the purpos | or changing its registered            |
| egent. I a   | am familiar with, and accept the obligation                         | ons of, Section 607.0505, Florid                                 | la Statutes.  |  |                                       |
| SIGNATURE  |   |  |   |  | 1                                     |
| Sidianioite  | Signature, typed or printed name of registered egent                |  | legistered Agent signature rec  |  |                                       |
| 12.  | OFFICERS AND  |  | 13.   | ADDITIONS/CHANGES TO OFFICERS A  | NU DIRECTORS IN 12                    |
| TITLE  | I DP  |  |   | IX D   | (// Chanda   Laddition                |
|  | 1   | ☐ DELETE   | 1.1 TTLE  | DP   | Change Addition                       |
| NAME ,   | HUTCHINSON, JAMES NEAL JR   | <del>-</del>   | 12 NAME   | Hutchinson, James Neal, Ji   | ∠ Change                              |
| NAME ,<br>STREET ADDRESS   | HUTCHINSON, JAMES NEAL JR<br>5200 S WASHINGTON AVE                  | <del>-</del>   | 1.2 NAME<br>1.3 STREET ADDRESS  | Hutchinson, James Neal, Ji   | Change Addition                       |
|  | HUTCHINSON, JAMES NEAL JR   |  | 1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CTY-ST-ZIP  | Hutchinson, James Neal, Ji<br>1249 Harde Road<br>Comi Gables, FL 33146   | Change Addition                       |
| STREET ADDRESS   | HUTCHINSON, JAMES NEAL JR<br>5200 S WASHINGTON AVE                  | <del>-</del>   | 1.2 NAME<br>1.3 STREET ADDRESS  | Hutchinson, James Neal, Ji   | Change Addition                       |
| STREET ADDRESS<br>CITY-ST-ZIP  | HUTCHINSON, JAMES NEAL JR<br>5200 S WASHINGTON AVE                  |  | 1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CTY-ST-ZIP  | Hutchinson, James Neal, Ji   | Change Addition                       |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   | HUTCHINSON, JAMES NEAL JR<br>5200 S WASHINGTON AVE<br>TITUSVILLE FL |  | 1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE  | Hutchinson, James Neal, Ji   | Change Addition                       |
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR

Degree Prove 8

James Neal Hutchinson, JR