FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091033 (6)

HATCHER, INC.

Principal Pla	ce of Business	Mailing Addi	Mailing Address			4 IBBICADI ICH COCIA BICIL BARCI BARCI ABICI	MATERIA DE PARTICIONE DE PROPERTOR DE PROPER	ě!
3325 BAYSHORE BLVD. UNIT B-36 TAMPA FL 33629			3325 BAYSHORE BLVD. UNIT B-36 TAMPA FL 33629-8854					
						3. Date Incorporated or Qualified 11/06/1996	3a. Date of Last Report	
2. Principal	Place of Business	2a. Mailing A	ddress			4. FEI Number	Applied	For
21	A. A.	26				59-3414554	Not App	
Suite, Apt	t #, Btt	Surte, Ap	i. #, eic.			5. Certificate of Status Desired	\$8.75 Addition	
City & Sta	ale	City & St	ate			6. Election Campaign Financing	\$5.00 May I	
23		28				Trust Fund Contribution	Added to Fee	
Zip	Country			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	25 9. Name and Address of Cur	rent Registered Age	30 s			Florida Statutes 10. Name and Address of New Re		
AMI	DERSON, WALLACE B	Terri riogratoroa Age		81	Name	10, Hallio alla Addigas di Non No	Assessor Mosts	
	E HARBOUR PLACE			82	Charat A	diam'r	1-3	
* TAMPA FL 33602				02	Street W	ddress (P.O. Box Number is Not Acceptate	ле ј	
				83				•
#				84	City		FL 85 Zip Code	
11. Pursuan	t to the provisions of Sections 607.	0502 and 607 1508. F	Iorida Statutes, th	e ahow	-named o	corporation submits this statement for the p		stered
office or	registered agent or both, in the St am familiar with, and accept the ot	ate of Florida. Such o	hange was autho	rized by	the corp	oration's board of directors. I hereby accep	of the appointment as regist	jered
	am ramilia, with, and accept the or	rigations of, Section (our.ooob, Fiorida	Statutes	i.		•	
SIGNATURE	Signature, typed or punied name of registeres	l agent and title if applicable	INOTE Reg	istered Age	nt signature :	equired when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN	12
THILE	D		DELETE	1.1 TITLE		PRESIDENT	Change C	Addition
NAME	HATCHER, BENJAMIN B			1.2 NAME		•		
STREET ADDRESS		IT B-36		1.3 STREET	ADDRESS			
CITY-ST-7iP	TAMPA FL 33629			1.4 CITY - S	T- ZIP		7 - 0. 1-4	/
1/1LE	D MATCHED MOONIA C	L		2.1 TITLE	1	VICE - PRESIDENT	Change 🛂	Addition
NAME	HATCHER, VIRGINIA S	IT D 20		2.2 NAME				
STREET ADDRESS	1	11 0-30		2.3 STREET			. •	
CITY-ST-ZIP TOLE	TAMPA FL 33629			2. 4 CITY - 9 3.1 TITLE	IT-ZIP	Minister la rater Tras	Thomas Thomas	Addition
NAME		L		3.1 MLE 3.2 NAME		Director/Secretary Tree RICH ARD E. HAT 4404 W. PLATT	CHER	NUOILION
STREET ADDRESS				3.3 STREET	ADORESS	4404 W. PLATT	51	
CITY-S1-ZIP				3.4. CITY - S		·	360A	
TITLE				4.1 TITLE	,, -2"			Addition
NAME				4. 2 NAME			•	
STREET ADDRESS	5			4.3 STREET	ADDRESS			
CITY - \$1 - ZIP				4.4 CITY - S	T-ZIP			
TITLE		E		5.1 TITLE				Addition
NAME				5.2 NAME		9000 020 8 -02/11/97011	<u> </u>	
STREET ADDRESS	s			5.3 STREET	address	-02/11/97011	05041	
CITY - ST - ZIP				5 4 CiTY - S	T-ZIP	***165.00		
TITLE] DELETE	61 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS	5			63 STREET	address	VB 24		
PITY . \$1 . 71P			1	A PITV. C	7.710	·		

SIGNATURE:

14. I do hereby cert-fy 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.

813)839-8790

FILED

Feb 06 1997 8:00am

Secretary of State