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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000091033

HATCHER, INC.

Principal Place of Business

Mailing Address

2225 DAVOLICHE DIVID UMIT B.26

**FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90043 005 \*\*\*150.00



TAMPA FL 3362	29 -	TAMPA FL 33629				1		DO NOTIVE	NITE IN THE	CDACE			
							-			RITE IN THIS	SPACE		·
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								11/06/19			<del></del> ,		
2. Principal Pl	ace of Business	2a. Ma	2a. Mailing Address				4.	FEI Numbe	r			Applie	
21		26	26					<u>59-3414</u> !	554	·		Not Ap	oplicable
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				5	Cartifosta o	of Status Desired			<b>5</b> Addi	
22	<b>t</b>	27	27				J.,	- Certificato C	or Otatus Desired		Fee	Requi	red
City & Stat	8	Cit	City & State				6.	Election Ca	ımpaign Financing	۔ ۔۔۔۔۔	\$5.0	<b>00</b> Ma	y_Be
23		28	8					Trust Fund	Contribution		Adde	ed to F	ees
Zip	Country	Zip	Zip Coun				8.	This corpor	ation owes the cu	ırrent year Inta			
24	25 29 30								roperty Tax.		Yes		No
				-4		Address of New							
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ANDERSON, WALLACE B				-	82	Street Addre					<u> </u>		
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TAMPA FL 33602													
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					84	City ~	TA	MPA,	FL	FL	85 3	ip Cod 3360	9
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office or r	to the provisions of Sections 607.050, egistered agent, or both, in the State on familiar with and accept the obligat	of Florida. S	uch change was au	horized	by th	ne corporatio	on's bo	ard of direc	tors. I hereby acc	ept the appoir	ntment as	s regist	ered
agent. I a	m familiar with, and accept the obligat	tions of, Sec	/ / /_ /	sa Statu	ites.				-	2/200	199		[
SIGNATURE	Signature, typed or printed name of registered agen	<u> </u>	file	>	Acent -	signature required	d when re	inetation)		DATE	<u> </u>		i
12.	OFFICERS AN			13.	-gent s	Signature required			CHANGES TO O		D DIREC	TORS	IN 12
TITLE	PD		☐ DELETE	1.5 TITI	LE	· ·	•	***		1	Chan	ge [	Addition
NAME	HATCHER, BENJAMIN B			1.2 NA	ME								
STREET ADDRESS	3325 BAYSHORE BLVD. UNIT B-36			13ST	1.3 STREET ADDRESS								
	TAMPA FL 33629	J- <b>50</b>		1.4 CIT									
CITY-ST-ZIP	VPD		DELETE	2.1 TIT		£3F					Chan	ge	Addition
	··· <del>·</del>			2.2 NA									
NAME	HATCHER, VIRGINIA S	0.00				1000500							ł
STREET ADDRESS	3325 BAYSHORE BLVD. UNIT I	5-36		•		ADORESS							
CITY-ST-ZIP	TAMPA FL 33629		DELETE	2.4 CI		ZIP	-				☐ Chan	ne	Addition
TITLE	DST		(TIDELEIE									9-	
NAME	HATCHER, RICHARD E	•		3.2 NA									.]
STREET ADDRESS	4404 W PLATT ST					ADDRESS							•
CITY-ST-ZIP	TAMPA FL 33609			3.4. CI		-ZIP					Chan-		Addition
TITLE	,		☐ DELETE	4.1 TIT	LE	Ì					☐ Chan	ge	ACUILION
NAME				4. 2 NA	ME	1				•			
STREET ADDRESS				4.3 ST	REETA	ADDRESS							ł
CITY-ST-ZIP				4.4 CIT	Y-ST-	ZIP							
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NAME	•			5.2 NA	ME				•	•			
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NAME				6.2 NA	ME								
	1												

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)