

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

FILED

Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000000996 (3)**

1. Corporation Name

**HATHAWAY & ASSOCIATES, INC.**

Principal Place of Business

**18808 PLACE ANTIBES  
LUTZ FL 33549-5341**

Mailing Address

**16057 TAMPA PALMS BOULEVARD WEST. STE 197  
TAMPA FL 33647**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/06/1997</b>	
21 <b>17713 GREY EAGLE CT.</b>	26	Suite, Apt. #, etc.		4. FEI Number <b>59-3466972</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 <b>TAMPA, FL</b>	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 <b>33647</b>	25 <b>USA</b>	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSTD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HATHAWAY, THOMAS E</b>		1.2 NAME <b>THOMAS E HATHAWAY</b>	
STREET ADDRESS <b>18808 PLACE ANTIBES</b>		1.3 STREET ADDRESS <b>16057 TAMPA PALMS BLVD W. #197</b>	
CITY-ST-ZIP <b>LUTZ FL 33549-5341</b>		1.4 CITY-ST-ZIP <b>TAMPA, FL 33647</b>	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>SECRETARY/TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HATHAWAY, THOMAS E.</b>		2.2 NAME <b>ANGELA HATHAWAY</b>	
STREET ADDRESS <b>16057 TAMPA PALMS BLVD W. #197</b>		2.3 STREET ADDRESS <b>16057 TAMPA PALMS BLVD W. #197</b>	
CITY-ST-ZIP <b>TAMPA, FL 33647</b>		2.4 CITY-ST-ZIP <b>TAMPA, FL 33647</b>	
TITLE <b>SECRETRES</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANGELA HATHAWAY</b>		3.2 NAME	
STREET ADDRESS <b>16057 TAMPA PALMS BLVD W. #197</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA, FL 33647</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

**Thomas Hathaway**

**REQUIRED**

**1/8/1998**

**813/973-3046**

CR2E034 (10/97)