

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000017893 (3)**

1. Corporation Name
HAL HODGES, INC.

Principal Place of Business

Mailing Address

**5TH STREET BETWEEN F&G STREETS
CEDAR KEY FL 32625**

**POST OFFICE BOX 46
CEDAR KEY FL 32625**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 834 5th Street	26 P.O. Box 99		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Cedar Key, FL	28 Cedar Key, FL		
Zip	Country	Zip	Country
24 32625	25 Levy	29 32625	30 Levy

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CAUSEY, KATHRYN F
JACKSON'S ISLAND AT HWY 24 & FRANKO DRIVE
CEDAR KEY FL**

10. Name and Address of New Registered Agent

81 Name	Karen Hodges
82 Street Address (P.O. Box Numbers Not Acceptable)	834 5th Street
83	
84 City	Cedar Key
FL	85
Zip Code	32625

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

Karen Hodges

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William H. Hodges	1.2 NAME	
STREET ADDRESS	834 5th St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Key, FL 32625	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen M. Hodges	2.2 NAME	
STREET ADDRESS	834 5th St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Key, FL 32625	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gini L. Hodges	3.2 NAME	
STREET ADDRESS	834 5th St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Key, FL 32625	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen M. Hodges	4.2 NAME	
STREET ADDRESS	834 5th St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Key, FL 32625	4.4 CITY-ST-ZIP	
TITLE	Assistant Treasurer	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn F. Causey, CPA	5.2 NAME	
STREET ADDRESS	Jackson's Island at Hwy 24 & Franko Dr.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Key, FL 32625	5.4 CITY-ST-ZIP	
TITLE		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

Karen Hodges

4-29-98

CR2E034 (10/97)