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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025149 (0)

HATFIELD INVESTMENTS, INC.

Principal Place of Business Mailing Address 8301 DENTON AVE. 9301 DENTON AVE. HUDSON FL 34674-5577 HUDSON FL 34674-5577 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intengible 24 25 29 ☐ Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HATFIELD, ROBERT D 9301 DENTON AVE. 82 Street Address (P.O. Box Number is Not Acceptable) HUDSON FL 34674-5577 83 Zip Code 84 City 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE NAME HATFIELD. ROBERT D 1.2 NAME STREET ADDRESS 9301 DENTON AVE. 1.3 STREET ADDRESS HUDSON FL 34674-5577 CITY-SE-7IP 1.4 City-St-ZiP DELFTE TITLE 21 TITLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZiP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP DELETE Chance Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition THILE 61 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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 for supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the coreover 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:

4/27/1998 8138622239

FILED

May 15 1998 8:00am

Secretary of State

3R2E034 (10/97)