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

P97000026478 (2) DOCUMENT #

JOHN D. HUTCHINSON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



810 BLVD OF THE CHAMPIONS SHALIMAR FL 32879-2233			810 BLVD OF THE CHAMPIONS SHALIMAR FL 32579-2233				
					DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE	
					03/19/1997		
	ace of Business	28. Mailing Address			4. FEI Number	— — —	pplied For
21		26			59 3434790		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State	<u>⊢</u> ¬ '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid the		tangible
24	25	29	30		Personal Property Tax due June 30. 🛛 Yes 🔲 No		
	9. Name and Address of Cur	rrent Registered Agent	B1		10. Name and Address of New Registere	ed Agent	
HUTCHINSON, JOHN D JR				Name			
810 BLVD OF THE CHAMPIONS				Street	Address (P.O. Box Number is Not Acceptable)		
SHALIMAR FL 32579-2233							
			83	'			
			84	City	____	L 85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.	0502 and 607.1508, Florida Statul	les, the abov	/e-named	corporation submits this statement for the purpose	e of changing i	ts registered
office or re agent, I ar	egiste red agent, or both, in the St m fam iliar with, and accept the of	tate of Florida. Such change was oligations of, Section 607.0505, Fl	authorized b orida Statute	y the corp es.	poration's board of directors. I hereby accept the a	appointment as	registered
SIGNATURE	,						- 1
- SIGNATORE	Signature, typed or printed name of registered		£: Registered Ag	ent signature	required when reinstaling) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TOTLE			☐ Change	Addition
NAME HUTCHINSON, JOHN D JR			1.2 NAME				
STREET ADDRESS	BUALBAR EL COSTO COCO			t address			
CITY-ST-ZIP	SHALIMAR FL 32579-2233		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		SECRETARY A Hubburga	Change	*Addition
NAME			2.2 NAME		MARGARET AND THE COMMENT		ļ
STREET ADDRESS			2.3 STREET ADDRESS		MARGARES AND HUMBHUSON 810 Bludiof He Champons Shalinam, Fla 32579		
CITY-ST-ZIP			2. 4 CITY	ST-ZIP	Shalina FIA 8227		
TITLE	DELETE		3.1 TITLE			L Change	☐ Addition
NAME			3.2 NAME		·		
STREET ADDRESS			3.3 STREE	t address			
CATY-ST-ZIP	No ree		3.4. CITY-	ST-ZIP			
TITLE	DELETE		4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			- 1
CITY-ST-ZIP		I Differen	4.4 City	ST-ZIP			
TITLE	DELETE		5.1 TITLE	1		Change	☐ Addition
NAME			5.2 NAME	J			J
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		Driese	5.4 CITY-	ST-ZIP			1000
TITLE	□ DEU		6.1 TITLE			L_ Change	☐ Addition
NAME			6.2 NAME	i			ļ
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CfTY-	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 all inchment with an address.