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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 19 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029521 (6)

**HUTCH CORPORATION** Principal Place of Business Mailing Address % BRADLEY S. HUTCHINSON 1100 PINELLAS BAYWAY, UNIT 102 % BRADLEY S. HUTCHINSON 1109 PINELLAS BAYWAY, UNIT 102 DO NOT WRITE IN THIS SPACE TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 3. Date Incorporated or Qualified 03/31/1997 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59 - 3442012 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country  $Z_{\rm ID}$ B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

Name and Address of New Registered Agent X Yes 24 25 29 g. Name and Address of Current Registered Agent Name HUTCHINSON, BRADLEY S 81 1109 PINELLAS BAYWAY 82 Street Address (P.O. Box Number is Not Acceptable) **UNIT 102** 83 TIERRA VERDE FL 33715 84 City Zip Code 11. Pursuant to the provisions of Socilons 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 family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of changing its registered agent. I am family with the statement of the purpose of the purpose of changing its registered agent. I am family with the statement of the purpose SIGNATURE Registered Agent signature requ red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change M Addition OFFICERS AND DIRECTORS 12 13. DELETE 1.1 TITLE TITLE President NAME 1.2 NAME Floyd H. HutchinSon Eac# 1.3 STREET ADDRESS STREET ADORESS PibellAs Bayway 1.4 CITY - ST-ZIP CITY-ST-ZIP Tieren Verde Change Addition SECRETARY/TREASURER ☐ DELETE 2.1 TITLE TITLE NAME Libon J. Hoteliason 2.2 NAME 487 Pivellas Bayway Tierra Verde, 71 33 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Change 3.1 TITLE Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

14. Thereby 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 opporation or the receiver or trustee compowered 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 another with an address.

SIGNATURE:

3-10-98
813 522-3951

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP