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

Principal Place of Business	Mailing Address
14229 U.S. HIGHWAY 441 TAVARES FL 32778-4312	14229 U.S. HIGHWAY 4 TAVARES FL 32778-431

FILED Apr 24 1998 8:00am Secretary of State

1	MENT # P97000 THOMAS HACKNEY, P.A.	0034926 (0)				- MANIA BARAN ARAM ANDRA BANA HARA	
Principal Place	e of Business	Mailing Address				a continuos sión idesti sádes dalicis didisti diditis	I ARRIU diaro in dir o il ego (tiar 1004	
14229 U.S. HIGHWAY 441 14229 U.S. HIG		14229 U.S. HIGHWAY	141					
TAVARES FL 32778-4312 TAVARES FL 32778-4312					DO MOT WOLLD IN THE	IC OCIA OF		
						DO NOT WRITE IN TH 3. Date Incorporated or Qualified	18 SPACE	
						04/17/1997		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21 26						59-3447448	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional	
27				Fee Required			· · · · · · · · · · · · · · · · · · ·	
City & State	9	 	City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28	Cou	ntry		Trust Fund Contribution	Added to Fees	
24	25	29	30	i iii y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No		
	9. Name and Address of Current					10. Name and Address of New Registers		
HA	CKNEY, HARRY THOMAS			81 Nan	10			
	29 U.S. HIGHWAY 441		1	B2 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
TA	/ARES FL 32778-4312							
				83				
			f	84 City			85 Zip Code	
44 5	- 40	10074400 5				pration submits this statement for the purpose		
office or re	io the provisions of Sections 607 0502 ogistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change wa s	s authorized	i by the c	ea corpic orporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE .	Signature, typed or printed name of registered ages:	t and the if purple white (NC	VIE Boolstored	Accut cons	luce require	d when reinstating) DATE		
12,	OFFICERS AND		13.	- Agent signa	inie iegonei	ADDITIONS/CHANGES TO OFFICERS A	}}	
TITLE	D	DELETE	1.1 1	LE	PI	T/S/A	Change Addition	
NAME	HACKNEY, HARRY THOMAS		1.2 NA	ME	H	arry Thomas Itack	704 A	
STREET ADDRESS	204 GLENN STREET		1.3 ST	REET ADDRES	s /	0704, Summit Squar elsburg FL 347	ed ur.	
CITY-ST-ZIP	LEESBURG FL 34748			Y-ST-ZIP	<u> L. (</u>	eesturg, FL 347	· =	
TITLE		DELETE	21 111			a.	Change Addition	
NAME			2 2 NA		.		Į.	
STREET ADDRESS				REFT ADDRES	is	·		
CITY-ST-ZIP TITLE		DELETE	3.1 TIT	TY - ST - ZIP			Change Addition	
NAME			3.2 NA					
STREET ADDRESS				···· Reet addres	s		·	
CITY-ST-ZIP			3.4. CI	TY - ST - Z IP				
TITLE		DELETE	4.1 ItT				Change Addition	
NAME			4. 2 N/	MF				
STREET ADDRESS			4.3 STI	REET ADDRES	s			
CITY-ST-ZIP			4.4 CIT	Y-S1-7(P				
TITLE		☐ DELETE	51117				Change Addition	
NAME			5.2 NA					
STREET ADDRESS			3	REET ADDRES	s			
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP			Change Addition	
NAME			6.2 NA				Change Addition	
STREET ADDRESS				mi Reet aodres	s			
CITY-ST-ZIP			1	Y-ST-ZIP				
	ertify that the information applied will	h this filing close not aualitu			atod in S	Section 119 07/31(i) Florida Statutes I further	contifu that the information	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual report is true and argurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the composition for the receiver or trustee expression of the composition of the com