

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000049849 (7)

1. Corporation Name

751 GENERAL HUTCHINSON PARKWAY, INC.

Principal Place of Business

P.O. BOX 4249  
WINTER PARK FL 32783-4249

Mailing Address

P.O. BOX 4249  
WINTER PARK FL 32783-4249

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number

59-292830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PRICE, PAMELA O  
201 E. PINE ST., STE. 1200  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

SALLEY, STEPHEN G. ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

390 N. ORANGE AVENUE STE 2500

83

ORLANDO, FL

84 City

FL

85 Zip Code  
32801

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

*Stephen G. Salley*

STEPHEN G. SALLEY

2/25/98

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
BRYAN, JAMES B III  
STREET ADDRESS 254 DRIGGS DR.  
CITY-ST-ZIP WINTER PARK FL 32783

TITLE ☐ DELETE

NAME DV  
SCHMIDT, CHERYL  
STREET ADDRESS 254 DRIGGS DR.  
CITY-ST-ZIP WINTER PARK FL 32783

TITLE ☐ DELETE

NAME DVST  
MASON, BETTY  
STREET ADDRESS 254 DRIGGS DR.  
CITY-ST-ZIP WINTER PARK FL 32783

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DVS  
SCHMIDT, CHERYL  
2.3 STREET ADDRESS 254 DRIGGS DRIVE  
2.4 CITY-ST-ZIP WINTER PARK, FL 32793

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DVT  
MASON, BETTY  
3.3 STREET ADDRESS 254 DRIGGS DRIVE  
3.4 CITY-ST-ZIP WINTER PARK, FL 32793

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

CR2E034 (10/97)