## 72 - C AFTER MAY 1ST IS \$550.00 FILE NOW: FILING FEE AFTE

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000096646 (9)

HG SARASOTA, INC.

**FILED** May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				- I IDDAFFUR IID ABAN IDDII DDIA BUAN DRAK PURE	ibing gilig bidit bidig dili 1881		
222 SECOND STREET NORTH 222 SECOND STREET NOF ST. PETERSBURG FL 33701 ST. PETERSBURG FL 3370					DO NOT WRITE IN THIS SPACE		
}					3. Date Incorporated or Qualified		
ĺ					11/12/1997		
2. Principal Place of Business 2a, Mailing Address				· · · · · · · · · · · · · · · · · · ·	4. FEI Number	XX Applied For	
21 26					APPLIED FOR	Not Applicable	
22	Sulte, Apt. #, etc.         Suite, Apt. #, etc.           27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	28				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Coun	try	8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
9, Name and Address of Current Registered Agent 81					10, Name and Address of New Registers	a Agent	
GILES, JOEL B ESQ				1	Ian F Irwin		
200 CENTRAL AVENUE SUITE 2300				Street Add	dress (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33701			E	10	22 Second Street North		
			L		O Box 429		
			3	H City	t Petershurg F	L 85 Zip Code 33701	
11. Pursuant to the provisions of Socrens 607.0507 and 607.1508, Florida Statutes, the				ove-named corp			
11. Pursuant to the provisions of Sections 607.050° 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 Torida. 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							
				Agent signature requi	red when reinstating) DATE	1-1-1-1	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE			1.1 1111			Change Addition	
NAME DEDECT ADDRESS	IRWIN, IAN F 222 SECOND STREET NORTH		1.2 NAM			į	
STREET ADDRESS 222 SECUND STREET NORTH CITY-ST-ZIP ST. PETERSBURG FL 33701				EFT ADDRESS ST ZIP		ָּוֹטַ פַּ	
TITLE			2.1 TITU			Change Addition	
NAME			2.2 NAM	1		}	
STREET ADDRESS			R .	ET ADDRESS			
CITY-ST-ZIP	LARGO FL 33733		2 4 011	/-ST-ZIP			
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NAME			3.2 NAM	IE		İ	
STREET ADDRESS			3.3 STR	E1 ADDRESS		Ì	
CITY-ST-ZIP		Decem		Y-ST-ZIP		T Observed T Address	
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STREET ADDRESS				ET ADDRESS			
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NAME		FT PERME	5.2 NAM			E SHOUND E HOUSE	
STREET ADDRESS				ET ADDRESS		Į	
CITY-ST-ZIP				-ST-7IP			
TITLE		☐ DELETE	6.1 THU			Change Addition	
NAME			6.2 NAM	E [			
STREET ADDRESS			6.3 STRE	E1 ADDRESS			
CITY-ST-ZIP				- ST- ZIP			
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for	the exen	nption 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 received or trustee displaced 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 any address.

Ian F Irwin, Director