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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102054

1. Corporation Name

EDWARD HUTCHINS, INCORPORATED

Principal Place of Business									
267 ADELAIDE STREET									

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90047 038 ***150.00



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Principal Place of Business Mailing Address							- I IMBIIME IIM IBIII EMBII MAIEI ARIII ARINI IIIII III	itam italit bi		881	
267 ADELAIDE STREET DEBARY FL 32713 267 ADELAIDE STREET DEBARY FL 32713							DO NOT WRITE IN THIS	SPACE			
							3. Date Incorporated or Qualifed 11/24/1997				
2. Principal Place of Business 2a. Mailing Addres							4. FEI Number Appli			r	
21			26				59-3480613		Not Applica	able	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additiona	d	
22			27				5. Certificate of Status Desired Fee Required				
City & State			City & State			3	6. Election Campaign Financing \$5.00 May Be				
23			28				Trust Fund Contribution Added to Fees				
Zip	Country		Zip	Country			8. This corporation owes the current year Inte	_=			
24	25	29		30			Personal Property Tax. Yes No				
	9, Name and Address of Curren	t Regis	stered Agent		-	Г	10. Name and Address of New Registered	Agent			
LHTO	LUNC COWADD D				81	Name					
HITCHINS, EDWARD D					82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)				
267 ADELAIDE STREET											
DEDA	ARY FL 32713				83						
					84	City	<u> </u>	85 Z	ip Code		
	-						FL	ــلــــــ			
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re						istered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
12.	OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AN	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition			
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NAME	HUTCHINS, EDWARD D			1.2 N							
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				6.2 N				_	- —		
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STREET ADDRESS					ITY-ST-ZIP					}	
CITY-ST-ZIP	1			■ v v							

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, with all other like empowered.

SIGNATURE: _



407-668-5361