

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

FILED

98 APR 23 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000102181 (9)

1. Corporation Name

HICKORY POINTE, INC.

Principal Place of Business

3200 SOUTH HIAWASSEE ROAD  
SUITE 206  
ORLANDO FL 32835

Mailing Address

P.O. BOX 4961  
ORLANDO FL 32802-4961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-3491332

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$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

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
3200 SOUTH HIAWASSEE ROAD  
SUITE 206  
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name B&C Corporate Services of Central Florida  
82 Street Address (P.O. Box Number is Not Acceptable) 340 N. Orange Ave., Ste. 1100 Inc.  
83  
84 City Orlando 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

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 D ☐ DELETE  
NAME CHIRA, LEE  
STREET ADDRESS 3200 SOUTH HIAWASSEE RD., SUITE 107  
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☐ DELETE  
NAME TUTTLE, L. MILLS  
STREET ADDRESS 3200 SOUTH HIAWASSEE RD., SUITE 107  
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☐ DELETE  
NAME MCKINNEY, EUGENE J  
STREET ADDRESS 3200 SOUTH HIAWASSEE RD., SUITE 107  
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☐ DELETE  
NAME LAWLER, THOMAS P  
STREET ADDRESS 3200 SOUTH HIAWASSEE RD., SUITE 107  
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☐ DELETE  
NAME WILLNER, DAVID M  
STREET ADDRESS 3200 SOUTH HIAWASSEE RD., SUITE 107  
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☐ DELETE  
NAME PEISNER, ERIC  
STREET ADDRESS 3200 SOUTH HIAWASSEE RD., SUITE 107  
CITY-ST-ZIP ORLANDO FL 32835

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  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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-04/28/98--01064--025  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

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.

SIGNATURE

Lee Chira

4/20/98

407/287-1600

CR2E034 (10/97)