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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000063751

 Corporation Name HLM ENTERPRISES, INC.

5515 41ST AVE. EAST

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90004 002 ***150.00



Mailing Address Principal Place of Business 5515 41ST AVE. EAST **BRADENTON FL 34208** BRADENTON FL 34208 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/21/1998 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0861305 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Zip Zip Country 8. This corporation owes the current year Intangible Country Personal Property Tax. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MYERS, HARRIS L Street Address (P.O. Box Number is Not Acceptable) 5515 41ST AVE. EAST **BRADENTON FL 34208** 83 Zip Code 84 City 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1,1 TITLE TITLE MYERS, HARRIS LESLIE 1.2 NAME NAME 5515 41ST AVE. EAST 13 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME JOHN T. WALKER 205 E LONG PLANTATION STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP LAFAYETTE, CITY-ST-ZIP □ DELETE [] Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98