Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

Not'Applicable

## **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

## Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90015 010 \*\*\*150.00

_	1821 <b>- 23</b> 12 <b>- 1826</b> - 18 <b>88</b>	

DOCUMENT #  1. Corporation Name	P98000071385						
HITH ITIES CONSULTING INC							

Country

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

26

27

28

Zip

6075 14TH AVE. S.W. NAPLES FL 34116

21

22

6075 14TH AVE. S.W. NAPLES FL 34116

2a. Mailing Address

City & State

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

59-352 6385

5. Certifcate of Status Desired

6. Election Campaign Financing **Trust Fund Contribution** 

08/13/1998

Zip	Country	Zip	Сои	ntry		8. This corporation owes the current year le	ntangible	_		
24	25	29	30	30		Personal Property Tax.		□No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
				81	Name					
RUST, ROBERT J				82	Stroot A	ddress (P.O. Box Number is Not Acceptable)				
C/O RUST & CHRISTOPHER, P.A.			*	Ollegi Al	durass (F.O. Dox Humber is Not Acceptable)		.			
900 SIXTH AVE S., SUITE 303			83							
NAPI	LES FL 34102						11			
				84	City	Fi	L 85 Zip	Code		
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 a			Agent	signature req	juired when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS   DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A				
TITLE	DP	☐ DELETE	1.1 111				☐ Change	☐ Addition \		
NAME	DAYTON, FRANCIS P JR.		1.2 NA	ME				. ]		
STREET ADDRESS	6075 14TH AVE. S.W.		1.3 ST	REET	ADDRESS			1		
CITY-ST-ZIP	NAPLES FL 34116		1.4 CI		· ZIP					
TITLE		☐ DELETE	2.1 TIT	LΕ			Change	☐ Addition		
NAME			2 2 NA	ME						
STREET ADDRESS			2 3 ST	REET	ADDRESS					
CITY-ST-ZIP			2. 4 CI	TY-ST	-ZIP					
TITLE		☐ DELETE	3.1 TIT	lΕ			Change	☐ Addition		
NAME			3.2 NA	MĒ						
STREET ADDRESS			3.3 ST	REET	ADORESS			-		
CITY-ST-ZIP		<u> </u>	3.4. CI	TY-ST	-ZIP					
TITLE		□ DELETE	4.1 TIT	Œ	ł		☐ Change	Addition		
NAME			4.2 N	ME	}			}		
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP					
TITLE		☐ DELETE	5.1 TIT	LE.			Change	☐ Addition		
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT	ry-st-	ZIP					
TITLE		☐ DELETE	6.1 TIT	LE			Change	Addition		
NAME			6.2 NA	ME		•				

Country

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 attagramment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP