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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000101585

HAND IN HAND GROUP, INC.

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90150 008 ***150.00



Mailing Address Principal Place of Business 2475 ENTERPRISE RD., STE, 100 2475 ENTERPRISE RD., STE. 100 CLEARWATER FL 33763 CLEARWATER FL 33763 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/02/1998 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible □ No ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **GOTTLIEB & GOTTLIEB, P.A.** Street Address (P.O. Box Number is Not Acceptable) 82 2475 ENTERPRISE RD., STE. 100 **CLEARWATER FL 33763** 83 84 City 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 and title if applicable. (NOTE: Registered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME FORD, LINDA NAME 2475 ENTERPRISE RD., STE. 100 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33763** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 21 TITLE ☐ Change TITLE 22 NAME NAME WHITE, RON 2475 ENTERPRISE RD., STE. 100 2.3 STREET ADDRESS STREET ADDRES **CLEARWATER FL 33763** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME **OPATICH, RON** 2475 ENTERPRISE RD., STE. 100 3.3 STREET ADDRESS STREET ADDRE **CLEARWATER FL 33763** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME GOTTLIEB, JERRY 2475 ENTERPRISE RD., STE, 100 4.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33763** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 attack that it is a 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 one attack that I am an officer or director of the corporation of the corpo

5.4 CITY- ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

2URED SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition