

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

FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S10037 (7)

1. Corporation Name:  
T. HATCHER, INC.

Principal Place of Business

3116 FALCONER DR  
JACKSONVILLE FL 32223  
US

Mailing Address

3116 FALCONER DR  
JACKSONVILLE FL 32223-7919  
US

2. Principal Place of Business

21 11570 San Jose Blvd

Suite, Apt. #, etc.

22 #13

City & State

23 Jacksonville Fla

Zip

24 32223

Country

25 USA

2a. Mailing Address

26 11570 San Jose Blvd

Suite, Apt. #, etc.

27 #13

City & State

28 Jacksonville Fla

Zip

29 32223

Country

30 USA

9. Name and Address of Current Registered Agent

HATCHER, TERI  
3116 FALCONER DRIVE  
JACKSONVILLE FL 32223

3. Date Incorporated or Qualified

10/31/1990

3a. Date of Last Report

03/26/1996

4. FEI Number

59-3029549

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

11570 San Jose Blvd #13

83

84 City

Jacksonville FL

85 Zip Code

32223

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 required for the term of a registered agent and date. If applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME HATCHER, TERI  
STREET ADDRESS 3116 FALCONER DR  
CITY- ST- ZIP JACKSONVILLE FL  
☐ DELETE

TITLE D  
NAME HATCHER, TERI  
STREET ADDRESS 3116 FALCONER DR  
CITY- ST- ZIP JACKSONVILLE FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 11570 San Jose Blvd #13  
1.4 CITY- ST- ZIP Jacksonville FL 32223

2.1 TITLE Same ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 11570 San Jose Blvd #13  
2.4 CITY- ST- ZIP Jacksonville, FL 32223

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

14. I do 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:

Teri Hatcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 904-262-9667

Date

Daytime Phone #

0039860

CR2E034 (9/96)