

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S23633** (8)
1. Corporation Name
HUTCHINSON GROVES, INC.



Principal Place of Business
**211 HCN DRIVE
SEBRING FL 33870
US**

Mailing Address
**2311 HCN DRIVE
SEBRING FL 33870
US**

3. Date Incorporated or Qualified **01/09/1991** 3a. Date of Last Report **05/11/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 **1323 Edgewater Pt. Dr.**

4. FEI Number **59-3042908** Applied For
Not Applicable

22 City & State

27 City & State
SEBRING FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip **33870** Country

28 Zip **33870** Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUTCHINSON, WILLIAM F., III
211 H.C.N. DRIVE
SEBRING FL 33870**

81 Name
82 Street Address (P.O. Box Number if Not Applicable)
1323 Edgewater Pt. Dr.
83
84 City **FL** 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 the taxpayer.

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HUTCHINSON, WILLIAM F. III	1323 EDGEWATER POINT	SEBRING FL 33870	<input type="checkbox"/>
D	HUTCHINSON, WILLIAM F.	1323 EDGEWATER POINT	SEBRING FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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, changed, or otherwise in conflict with an address.

SIGNATURE: **William F. Hutchinson III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **June 21, 1996** Daytime Phone: **352-1747**

CR2E034 (12/95)