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

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SIGNATURE:-

PROFIT

Jan 26 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # S28342 (1)HICKORY CORPORATION OF BONITA Principal Place of Business Mailing Address 64 SOUTH PORT COVE P.O. BOX 2467 BONITA SPRINGS FL 34134 **BONITA SPRINGS FL 34133** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 Not Applicable 65-0249229 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GRIMES, RICHARD H 64 SOUTH PORT COVE 82 Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS FL 34134** 83 84 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 famillar 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 when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE DPT 1.1 MILE NAME GRIMES, RICHARD H. 1.2 NAME 25034 STREET ADDRESS 64 SOUTH PORT COVE 1.3 STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME GRIMES, ALLISON A. 2.2 NAME **64 SOUTH PORT COVE** STREET ADDRESS 2.3 STREET ADDRESS **BONITA SPRINGS FL 34134** CITY - ST - ZIP 2. 4 CITY - ST-ZIP ☐ DELETE ☐ Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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-

FLORIDA DEPARTMENT OF STATE

FILED

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