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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 12 1998 8:00am

Secretary of State

<u> 1998</u>

DOCUMENT # S30215

(5)

HERCULES PROPERTIES, INC.

14. I hereby certify that the information supplindicated on this annual report or supple officer or director of the corporation of the corporation

Principal Place of Business Mailing Address P.O. BOX 838. N/A P.O. BOX 838. N/A OZONA FL 34680 OZONA FL 34660 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/04/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3061446 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional **(2**) 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PEACOCK, RAY 2348 SUNSET POINT RD Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34625** R4 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 when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Addition DELETE Change TITLE 1.1 TITLE CARLESIMO, ANTONIO 1.2 NAME NAME 211 HEDDEN CT STREET ADDRESS 1.3 STREET ADDRESS **OZONA FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE ŝt 21 TITLE NAME CERULLO, SALVATORE 211 HEDDEN CT STREET ADORESS 2 3 STREET ADDRESS **OZONA FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE CARLESIMO, ONORIO 3.2 NAME NAME 211 HEDDEN COURT STREET ADDRESS 3.3 STREET ADDRESS **OZONA FL** CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP

s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an leg empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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