PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name HISEY, INC.

DOCUMENT # \$78093



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90006 041 ***150.00

Principal Place of Business Mailing Address 569 ST. ANDREWS RD 569 ST. ANDREWS RD WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/03/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number. Applied For 59-3083613 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 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Country 8. This corporation owes the current year Intangible Zip □No Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HISEY PAUL M Street Address (P.O. Box Number is Not Acceptable) 82 569 ST ANDREWS RD WINTER HAVEN FL 33884 83 Zip Code 84 85 City

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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change Addition TITLE ☐ DELETE 1,1 TITLE HISEY, PAUL M. 1.2 NAME NAME 569 ST. ANDREWS RD 1,3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE 2.1 TITLE HISEY, CAROL M. 2.2 NAME NAME 569 ST. ANDREWS RD 2.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 41 T/TLE TITLE 4, 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 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 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 attachment with an address, with all other like empowered.

CR2E034 (11/98