

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S87982 (2)
1. Corporation Name
HUTCHINSON ISLAND CORPORATION

Principal Place of Business
1100 LINTON BLVD
SUITE C9
DELRAY BCH FL 33444
US

Mailing Address
P O BOX 4727
PORTSMOUTH NH 03802
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1991

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 1000 Market St
27 Suite, Apt. #, etc.
28 Bldg 1
29 City & State
30 Portsmouth NH
31 Zip
32 03801
33 Country
34 US

4. FEI Number
65-0289284
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRITCHFIELD, RICHARD H.
1100 LINTON BVD
SUITE C-4
DELRAY BEACH FL 33444

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | PS | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALSH, MICHAEL | 1.2 NAME | |
| STREET ADDRESS | 1100 LINTON BLVD STE C9 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALSH, MARK | 2.2 NAME | |
| STREET ADDRESS | 1100 LINTON BLVD STE C9 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALSH, WILLIAM | 3.2 NAME | Walsh, William |
| STREET ADDRESS | ONE CATE ST STE 3 | 3.3 STREET ADDRESS | 1000 Market St. Bldg 1 |
| CITY-ST-ZIP | PORTSMOUTH NH | 3.4 CITY-ST-ZIP | Portsmouth NH 03801 |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRITCHFIELD, RICHARD | 4.2 NAME | |
| STREET ADDRESS | 1100 LINTON BLVD C9 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Ade, Richard C |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 1000 Market St., Bldg 1 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Portsmouth NH 03801 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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.

SIGNATURE: Michael Walsh 2/17/98

CR2E034 (10/97)