

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90013 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S87982**  
 1. Corporation Name  
**HUTCHINSON ISLAND CORPORATION**



Principal Place of Business Mailing Address  
 100 LINTON BLVD SUITE C9 DELRAY BCH FL 33444  
 1000 MARKET ST BLDG 1 PORTSMOUTH NH 03801 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

3. Date Incorporated or Qualified  
**10/17/1991**  
 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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CRITCHFIELD, RICHARD H.**  
**1100 LINTON BVD**  
**SUITE C-4**  
**DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	WALSH, MICHAEL	
STREET ADDRESS	1100 LINTON BLVD STE C9	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WALSH, MARK	
STREET ADDRESS	1100 LINTON BLVD STE C9	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALSH, WILLIAM	
STREET ADDRESS	1000 MARKET ST BLDG 1	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRITCHFIELD, RICHARD	
STREET ADDRESS	1100 LINTON BLVD C9	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ADE, RICHARD C	
STREET ADDRESS	1000 MARKET ST BLDG 1	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* 4/10/99 6035592100

CR2E034 (1/98)