


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

FILED

Mar 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT #**

1. Corporation Name

**HUTCHINSON REALTY, INC**

899073

**Principal Place of Business**

**3919 Phillips Highway  
Jacksonville, Florida  
32207**

**Mailing Address**

**3919 Phillips Highway  
Jacksonville, Florida  
32207**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

**12/09/1991**

**4. FEI Number**

**59-3099164**

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

**2. Principal Place of Business**

**21 3919 Phillips Highway**

Suite, Apt. #, etc.

**22 City & State**

**23 Jacksonville, Fla**

**24 Zip**

**32207**

**25 Duval**

**2a. Mailing Address**

**26 3919 Phillips Hwy**

Suite, Apt. #, etc.

**27 City & State**

**28 Jacksonville, Fla**

**29 Zip**

**32207**

**30 Duval**

**9. Name and Address of Current Registered Agent**

**Hutchinson, M. F.  
3919 Phillips Highway  
Jacksonville, Florida 32207**

**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 to 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 understand 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** **P** ☐ DELETE

**NAME** **HUTCHINSON, M. F.**  
**STREET ADDRESS** **3919 PHILLIPS HIGHWAY**  
**CITY-ST-ZIP** **JACKSONVILLE, FLORIDA**

**TITLE** **VP** ☒ DELETE

**NAME** **STRICKLAND, LEROY**  
**STREET ADDRESS** **3919 PHILLIPS HWY**  
**CITY-ST-ZIP** **JACKSONVILLE, FLORIDA**

**TITLE** **ST** ☒ DELETE

**NAME** **SOURBEER, RICK**  
**STREET ADDRESS** **3919 PHILLIPS HWY**  
**CITY-ST-ZIP** **JACKSONVILLE, FLORIDA**

**TITLE** **VP** ☒ DELETE

**NAME** **PARROW, NORM**  
**STREET ADDRESS** **3919 PHILLIPS HIGHWAY**  
**CITY-ST-ZIP** **JACKSONVILLE, FLORIDA**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE** ☐ Change ☐ Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**2.1 TITLE** ☐ Change ☐ Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY-ST-ZIP**

**900002445689**

**-03/03/98--01054--034**

**\*\*\*150.00**

**DE 32**

**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 applicable, in an attachment with an address.**

**SIGNATURE:**

**M. F. Hutchinson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**M. F. Hutchinson 2/24/98 904 448 3151**

Date

Daytime Phone #

CR2E034 (10/97)