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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V38678

(1)

1. Corporation Name

HAWLEY ENTERPRISES INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 140369~~

~~P.O. BOX 104369~~

~~GAINESVILLE FL 32614~~

US

~~P.O. BOX 140369~~

~~P.O. BOX 104369~~

~~GAINESVILLE FL 32614-0369~~

US



2. Principal Place of Business

21 2780 Fairplex Dr.

Suite, Apt. #, etc.

22 City & State

23 Pomona, CA

Zip

24 91768

Country

25 USA

2a. Mailing Address

26 P.O. Box 484

Suite, Apt. #, etc.

27 City & State

28 La Verne, CA

Zip

29 91750

Country

30 USA

3. Date Incorporated or Qualified

05/22/1992

3a. Date of Last Report

05/15/1996

4. FEI Number

59-3125621

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

HAWLEY, FRANK
GAINESVILLE RACEWAY
COUNTY ROAD 225
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2780 Fairplex Dr.

83

84 City
Pomona, CA

FL

85 Zip Code
91768

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 ☐ DELETE

D
NAME
HAWLEY, FRANK
STREET ADDRESS
5330 NW 45TH LANE
CITY- ST- ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

8078 Crestview Court
Alta Loma, CA 91701

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

8078 Crestview Court
Alta Loma, CA 91701

Secretary/Treasurer
Lana Hawley

8078 Crestview Court
Alta Loma, CA 91701

14. I do 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

Lana B. Hawley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 909-392-5925

Date

Daytime Phone #

CR2E034 (9/96)