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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90098 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V38678

1. Corporation Name

HAWLEY ENTERPRISES INC.

Principal Place of Business

**2780 FAIRPLEX DR
POMONA FL 91768
US**

Mailing Address

**PO BOX 484
LA VERNE CA 91750
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1992

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 13300 E. Live Oak Ave.

Suite, Apt. #, etc.

2a. Mailing Address

26 13300 E. Live Oak Ave.

Suite, Apt. #, etc.

22 Bldg. F

City & State

23 Irwindale, CA

Zip

24 91706

Country

25 US

27 Bldg. F

City & State

28 Irwindale, CA

Zip

29 91706

Country

30 US

9. Name and Address of Current Registered Agent

**HAWLEY, DONN L
12215 SE COUNTY ROAD 234, BOX 907
MICANOPY FL 32667**

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 607.0501 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

NAME **P HAWLEY, FRANK**

STREET ADDRESS **6781 CACTUS DR**

CITY-STATE-ZIP **LAVERNE CA 91750**

TITLE ☐ DELETE

NAME **ST HAWLEY, LANA**

STREET ADDRESS **6781 CACTUS DR**

CITY-STATE-ZIP **LAVERNE CA 91750**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2350 E. Meadow Glen Dr.

La Verne, CA 91750

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

2350 E. Meadow Glen Dr.

La Verne, CA 91750

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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: *Lana S. Hawley*

Lana S. Hawley

4/22/99

626-357-9565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)