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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 07 1998 8:00am Secretary of State

DOCUMENT # 5984 1. Corporation Name HARTENSTINE CONSTRUCTIO	- ·			
Principal Place of Business	Mailing Address		LEBONDE BONTO SOUDL DOUN DISEAU ONTO BLUE BURN ON	iki atahi bidii bidii alak indi
1352 MANHATTAN AVE	1352 MANHATTAN AVE			
SARASOTA FL 34237	SARASOTA FL 34237		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	OFFICE
			12/15/1978	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1866088	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, øtc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State	City & State			Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	This corporation owes or has paid the corporation of the corporation ower or has paid the corporation of the corporation o	
24 25	29 30	7	Personal Property Tax due June 30.	Yes No
9. Name and Address of Co	rrent Registered Agent		10. Name and Address of New Registered	1 Agent
HARTENSTINE JAMES H		81 Name		·
3617 JACINTO PLACE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34239				
		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607	0502 and 607 1508. Florida Statutes	the above-named coro	oration submits this statement for the purpose	of changing its registered
Pursuant to the provisions of Sactions 607 office or registered agent, or both, in the agent. I am familiar with, and accept the of SIGNATURE	State of Florida Such change was authobligations of, Section 607,0505, Florid	norized by the corporation a Statutes.	on's board of directors. I hereby accept the ap	pointment as registered
Signature, typed or printed name of register		egistered Agent signature require		ID DIDECTORS IN 40
12. OFFICERS	S AND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME HARTENSTINE, JOHN A.		1.2 NAME		
STREET ADDRESS 3617 JACINTO COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE PD	☐ DELETE	2.1 TITLE		Change Addition
MAME HARTENSTINE, JAMES H		2.2 NAME		•
STREET ADDRESS 3617 JACINTO PLACE		2.3 STREET ADDRESS		
CITY-81-2IP SARASOTA FL		2 4 CITY-ST-ZIP		
TITLE ST	☐ DELETE	3.1 TITLE		Change Addition
HARTENSTINE, JULIA R.		3.2 NAME		
STREET ADDRESS 3617 JACINTO COURT CITY-ST-ZIP SARASOTA FL		3.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL	DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME HARTENSTINE, MICHAEL		4. 2 NAME		
STREET ADDRESS 1550 RINGLING BLVD.	••	4.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL		4.4 CITY-ST-ZIP		Ì
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		ì
CTTY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
CITY-ST-ZIP				

14. Thereby 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.

JAMES J. Hartenstine

SIGNATURE:

Jame V. fortents

4-27-98 (94) 366-3179