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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # S96302

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Subprison Subp	THE (HADLEY GROUP, INC.								
Section Sect	Principal Place	of Business	Mailing Address				*	HE 1101 1104	AISII UFBII BİB	IN MARIA BARAH ARRA
11/22 1991 04/28/1995 26. Mailing Address: 27. Mailing Address: 27. Mailing Address: 28. Mailing Add	BRADENTO		BRADENTON FL 34	1203						
Applied Place of Business 2a. Mailing Address 55.0300564 No. Applied	US		US				· ·			•
Surie, Apil. #, etc.	2. Principal Pla	ice of Business	2a. Mailing Address							
27	21		26				65-0300564			Not Applicable
City & State City & State City & State City & State Registered Agent City & State City	· ·	t, etc.					5. Certificate of Status Desired	C 3		
Zp							1	[]		
B. Name and Address of Current Registered Agent ### HADLEY, ROBERT ### 4024 72ND AVENUE EAST SARASOTA FL 34243 ### City ###	Zıp		Zip		ntry		8. This corporation has liability for i			
HADLEY, ROBERT 4024 72ND AVENUE EAST SARASOTA FL 34243 80 81 Oty FL 85 City FL 85 City FL 85 City FL 86 City FL 85 City FL 86 City FL 86 City FL 86 City FL 87 City FL 86 City FL 88 88 89 City FL 88 89 City FL 80 SIGNATURE Signature in the collapation of Location of Poinds. Scalables Standards with a depointment for the purpose of changing its registered or or registered agent, or both in the State of Poinds. Scoth changing the suppointment as registered agent. I as familiar with, and accept the collapation of Location Of Occopy. Horizon authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I as familiar with, and accept the appointment as registered agent. I as familiar with, and accept the appointment as registered agent. I as familiar with, and accept the appointment as registered agent. I as familiar with, and accept the appointment as registered agent. I as familiar with, and accept the appointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent. I as familiar with a depointment as registered agent.	24			30]			<u> </u>		Agent	
## City ## Cit		At	9	 	81 Na	ame				
SARASOTA FL 34243 B3				}	82 St	reet Addre	ss (P.O. Box Number is Not Acceptab	le)		
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 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 are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or prefederance of registered agent and title if applicable. NOTE Registered Agent signatus required when encoding				ŀ	83					
THE PURSUANT to the provisions of Sections 607.0502 and 607.1508, Floridas Statutes, the above named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lar carried and accept the obligations of, Section 607.0506, Floridas Statutes. SIGNATURE Signature, typod or princed range of registered agent and 16th 74 spiciosity. PSD	SARAS	OUIN FL 34240		ļ	04 6				1051 7	Code
or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I are familiary with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature: https://doi.org/10.0006/10.00					84 Cr	ty		FL	_ 85 240) Cooe
Signature, typoid or principle ray and their indeptition. (MOTE Projected Agents agreeture interviets when resculed) 12.	or register familiar wit	ed agent, or both, in the State of Florid	da. Such change was authori	ized by the c	ve-name orporati	ed corpora on's board	tion submits this statement for the pur d of directors. I hereby accept the appo	pose of ch pintment as	anging its re registered	egistered offic agent. I am
DELETE	SIGNATURE _	Signature, typod or printed name of registered agent	and tile if applicable. (N	NOTE Registered	Agent sign	ature required	when reinstating)	DATE		
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CITY-S1-ZIP 6.4 CITY-S1-ZIP 14. Lob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	CITY-SI-ZIP			6.4 CI	TY-ST-ZII	<u> </u>				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(s)(k), Florida Statutes. Furnar 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.

Margaret M. Hadley

Gill 170.100 SIGNATURE:

751 1519 Daylime Phone #