**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

**FILED**
**Feb 13 1996 8:00 am**
**Secretary of State**

DOCUMENT # **278751** **(3)**

1. Corporation Name

**HARTFORD PROPERTIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5321 HARTFORD STREET<br>P.O. BOX 2968<br>TAMPA FL 33601 | 5321 HARTFORD STREET<br>P.O. BOX 2968<br>TAMPA FL 33601 |

3. Date Incorporated or Qualified: **02/21/1964**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22 / 27:
City & State — 23 / 28:
Zip — 24 / 29: Country — 25 / 30:

4. FEI Number: **59-1141658** ☐ 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

**KERR, DAVID C.G., ESQ.**
**111 EAST MADISON ST**
**TAMPA FL 33601**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
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, 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 (Required) (Type or print name of person signing) (NOTE: If changing Registered Agent, Registered Agent's signature required where indicated) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PCD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HARRIS, JOHN | | 1.2 NAME | | |
| STREET ADDRESS | STATE RD 35-A | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DADE CITY, FL 00000 | | 1.4 CITY-ST-ZIP | | |
| TITLE | DV | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRANCH, GREG | | 2.2 NAME | | |
| STREET ADDRESS | 335 NE WATULA AVEUE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SDT | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DAVIS, EDGAR L. | | 3.2 NAME | | |
| STREET ADDRESS | WILLDUKE DR. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WAUCHULA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do 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)(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 added on an attachment with an address.

**SIGNATURE:** John F. Harris 1/26/96 (813) 626-2181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #