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Mar 04 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 # 137718

(3)

1. Corporation Name:

S.Y. HARTT & SON, INCORPORATED

Principal Place of Business:

1245 E LAKE LOTELA DR
PO BOX 1556
AVON PARK FL 33825
US

Mailing Address:

1245 E LAKE LOTELA DR
PO BOX 1556
AVON PARK FL 33826-1556
US

3. Date Incorporated or Qualified
07/24/1939

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-0284618

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

HARTT, SANFORD P.
1245 S. LOTELA DRIVE
AVON PARK FL 33825

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 607.0502 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | PD HARTT, SANFORD P 1245 E LAKE LOTELA DR AVON PARK FL |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | D HARTT, STEVEN E 1245 E LAKE LOTELA DR AVON PARK FL |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | STD HARTT, JOAN H 1245 E LAKE LOTELA DR AVON PARK FL |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | D HARTT, W. GREGORY 1245 E LAKE LOTELA DR AVON PARK FL |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | VD HARTT, FREDERICK P 1245 E. LAKE LOTELA DR AVON PARK FL |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | D HARTT, RALPH H 1245 E LAKE LOTELA DR AVON PARK FL |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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:

Sanford P. Hartt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sanford P. Hartt 2-27-96 453-6134 (941)

CR2E034 (9/96)