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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

137718

(3)

S.Y. HARTT & SON, INCORPORATED

	FILEL)
Mar 1	6 1998	8:00am
Secr	etary o	f State

Principal Plac	ce of Business	Mailing Address			1 160904 14000 11111 18012 1000 1001 1011 1014 1011 1014 1011 1011 1011 1011
1245 E LAKE PO BOX 155 AVON PARK	6	1245 E LAKE LOTEU PO BOX 1556 AVON PARK FL 3382			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
9 Principal (Place of Business	I a. Mailine Address	 	-	07/24/1939
21	Haca of Brigings	2a, Mailing Address			4, FEI Number Applied For
Suite, Apt.	# elc	Suite, Apt. #, etc.			59-0284618 Not Applicable
22		27			5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stel	10	City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Cour	.her.	Trust Fund Contribution Added to Fees
24 3382		29 33826	30	шу	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.
241 3362	9, Name and Address of Current		30		10. Name and Address of New Registered Agent
LUA .				B1 Nam	
	irtt, sanford p. 45 s. Lotela drive		Ļ		
	ON PARK FL 33825		L		et Address (P.O. Box Number is Not Acceptable)
			L	B3	
				B4 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 05:02 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, typod or printed name of registered agent	t and title it anchoable i	NOTE: Registered	Agent signati	ture required when reinstaling) DATE
12.	OFFICERS AND		13.	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITL	E	Change Addition
NAME	HARTT, SANFORD P		1 2 NAM	AE.	
STREET ADDRESS	1245 E LAKE LOTELA DR		1.3 STR	EET ADDRESS	ss l
CITY-ST-ZIP	AVON PARK FL		1.4 CiT	-ST-ZIP	[
TITLE	D	DELETE	21 TITL	E	Change Addition
NAME	HARTT, STEVEN E		2.2 NAM	AE	
STREET ADDRESS	1245 E LAKE LOTELA DR		2.3 STR	EET ADDRESS	s
CITY - ST - ZIP	AVON PARK FL		2. 4 CIT	Y-ST-ZIP	
TITLE	STD	DELETE	3.1 TITL	E	☐ Change ☐ Addition
NAME	HARTT, JOAN H		3.2 NAA	AE	
STREET ADDRESS	1245 E LAKE LOTELA DR		3.3 STR	EET ADDRESS	s
CITY-ST-ZIP	AVON PARK FL	·····	3.4. CIT	Y-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITL	E	☐ Change ☐ Addition
NAME	HARTT, W. GREGORY		4. 2 NAI	V E	
STREET ADDRESS	1245 E LAKE LOTELA DR		4.3 STR	ee1 address	s
CITY-ST-ZIP	AVON PARK FL			'-\$1-ZIP	
TITLE	VD	DETEAE	5.1 TITL		☐ Change ☐ Addition
NAME	HARTT, FREDERICK P		5.2 NAV	IE	
STREET ADDRESS	1245 E. LAKE LOTELA DR		5.3 STA	EET ADDRESS	s
CITY-ST-ZIP	AVON PARK FL		·	- ST- ZIP	
THILE	D	DELETE	6.1 TITL		☐ Change ☐ Addition
NAME	HARTT, RALPH H		6.2 NAN		
STREET ADDRESS	1245 E LAKE LOTELA DR		6.3 STR	EET ADDRESS	s
CITY-ST-ZIP	AVON PARK FL	·· 77-71		-ST-ZIP	plad in Section 110 07(2)(i) Florido Statutos I fusibos contitutes to the Information

r nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

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