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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **157616** **(4)**

1. Corporation Name

HARDEMAN INSURANCE AGENCY INC.

Principal Place of Business	Mailing Address
8603 S DIXIE HWY SUITE 305 SOUTH MIAMI FL 33143	8603 S DIXIE HWY SUITE 305 SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified: **04/01/1949**

3a. Date of Last Report: **04/12/1995**

4. FEI Number: **59-0598371** ☐ 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

2. Principal Place of Business
21 7800 S.W. 57 AVE.
Suite, Apt. #, etc.
22 SUITE #228
City & State
23 SOUTH MIAMI, FL
Zip 24 33143-5523 Country 25 DADE

2a. Mailing Address
26 7800 S.W. 57 AVE.
Suite, Apt. #, etc.
27 SUITE #228
City & State
28 SOUTH MIAMI, FL
Zip 29 33143-5523 Country 30 DADE

9. Name and Address of Current Registered Agent

HARDEMAN, DAVID, A
8603 S DIXIE HWY SUITE 305
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: HARDEMAN, DAVID A.
82 Street Address (P.O. Box Number is Not Acceptable): 7800 S.W. 57 AVE.
83 SUITE #228
84 City: SOUTH MIAMI FL 85 Zip Code: 33143-5523

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JONES, LINDA H. 17903 S.W. 87 PLACE MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VSD HARDEMAN, ROBYN 7800 SW. 57 AVE. STE #228 SOUTH MIAMI, FL 33143-5523 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD HARDEMAN, ROBYN H. 15321 S.W. 86 AVENUE MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PTD HARDEMAN, DAVID A. 7800 SW. 57 AVE ST. 228 SOUTH MIAMI, FL 33143-5523 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARDEMAN, DAVID A. 8603 S. DIXIE HWY. S. MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: _____ DAVID A. HARDEMAN 4/22/96 305-667-7107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number