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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 257333 (5)

WARRE Principal Place of	n G. Harding, Inc.	Mail-ng Add	ress					
635 S. ORANGE AVE. 635 S ORANGE AVE. SUITE 16 STE - 16								
SARASOTA F	L 34236	U\$	SARASOTA FL 34236 US		3. Date Incorporated or Qualified 03/27/1962			
2. Principal Plac	be of Business	2a. Mailing /	Address			4. FEI Number 59-0992843		Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	Additional Required
City & State		City & S 28	City & State			6, Election Campaign Financing Trust Fund Contribution	□ Adde	May Be d to Fees
Zip 24	Country 25	Zip 29		Gounty 30	y 		s 🔀 No	199.032,
	9. Name and Address of Currer	nt Registered Ag	ent			10. Name and Address of New	Registered Agent	
HARDING,WARREN G 6023 WEST 26TH STREET #103 BRADENTON FL 34207			81 82 83	2 Street Address (P.O. Box Number is Not Acceptable)		ble)		
			84	City		FL 85 Z	p Code	
or registere familiar with SIGNATURE	d agent, or both, in the State of Flori n, and accept the obligations of, Sec signature, typed or printed name of registered agen	ida. Such change tion 607.0505, Flo	was authorized orida Statutes.	d by the corp	poration's boa	oration submits this statement for the proof of directors. I hereby accept the appear of the proof of the pro	DATÉ	Jagent. Fam
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 12
TITLE	סיו) DELETE	1. 1 TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	HARDING, WARREN G 6023 WEST 26TH STREET I BRADENTON FL	# 103		1.2 NAME 1.3 STREE 1.4 CITY -	ET ADDRESS			
TITLE NAME STREET ADDRESS	STD HARDING, LOIS A 6023 WEST 26TH STREET	_] DELFTE	2. 1 TiTLE 2.2 NAME			Change	Addition
_	BRADENTON FL			24 CITY-				
CITY-ST-ZIP TITLE] DELETÉ	3 1 TITLE			. Change	☐ Addition
NAME STREET ADDRESS				3.2 NAME 3.3 STRE	ET ADDRESS			
CITY-ST-ZIP				3.4 CITY	-ST-ZIP			
THLE		C	DELETE	4. 1 TITLE	E		Change	☐ Addition
NAME				4.2 NAME				
STREET ADDRESS				4 3 STRE	ET ADDRESS			
CITY - ST - ZIP				4.4 CITY	- ST - ZIP			
TIFLE] DELETE	5 1 TITU	E		Change	☐ Addition
NAME				5.2 NAM	E			
STREET ADDRESS				5 3 STRE	ET ADDRESS			
CITY-ST-ZIP				5.4 CITY	- ST - 7IF			
TITLE			DELETE	6. 1 TiTL	E		Change	Addition
NAME				62 NAM	E			
STREET ADORESS				63 STAE	ET ADDRESS			
C(1Y - ST - 7/P				6.4 CITY	- ST - ZIP			

CITY-ST-ZIP

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)(k). 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 certify 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D