

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 278751 (3)
 1. Corporation Name
HARTFORD PROPERTIES, INC.

Principal Place of Business: **5321 HARTFORD STREET P.O. BOX 2968 TAMPA FL 33601**
 Mailing Address: **5321 HARTFORD STREET P.O. BOX 2968 TAMPA FL 33601**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
 21 State, Apt #, etc
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address:
 26 State, Apt #, etc
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified: **02/21/1964**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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
 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 607.0507 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 _____
(PRINT) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	HARRIS, JOHN	
STREET ADDRESS	STATE RD 35-A	
CITY-ST-ZIP	DADE CITY, FL 00000	
TITLE	OV	<input type="checkbox"/> DELETE
NAME	BRANCH, GREG	
STREET ADDRESS	335 NE WATULA AVEUE	
CITY-ST-ZIP	OCALA FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	DAVIS, EDGAR L.	
STREET ADDRESS	WILDUKE DR.	
CITY-ST-ZIP	WAUCHULA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	5321 HARTFORD ST.
14 CITY-ST-ZIP	TAMPA, FL 33619
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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 biennial 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 registered agent, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or in an attachment with an address.

SIGNATURE: *Edgar L. Davis* 2/11/98 833 626-2181

CR2E034 (10/97)