FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
95 APR 17 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **449923** **(2)**

1. Corporation Name

HARDEN CUSTOM BUILDING, INC.

Principal Place of Business	Mailing Address
15820 SHAMROCK DR. FT. MYERS FL 33912	15820 SHAMROCK DR. FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1974
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 6332 ROYAL WOODS DRIVE
22: Suite, Apt. #, etc.
23: City & State: FORT MYERS, FL
24: Zip: 33908
25: Country: LEE

2a. Mailing Address
26: 6333 ROYAL WOODS DRIVE
27: Suite, Apt. #, etc.
28: City & State: FORT MYERS, FL
29: Zip: 33908
30: Country: LEE

4. FEI Number: 59-1515020 ☐ 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

MARVIN, HERBERT Z.
6401 SW 87TH AVE
SUITE 122
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: THOMAS E. HARDEN
82 Street Address (P.O. Box Number is Not Acceptable): 6332 ROYAL WOODS DRIVE
83:
84 City: FORT MYERS
FL
85 Zip Code: 33908

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: Thomas E. Harden, Sr. 4/6/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☒ Change ☐ Addition
NAME	HARDEN, SR., THOMAS E	12 NAME		
STREET ADDRESS	15820 SHAMROCK DR.	13 STREET ADDRESS	DELETE	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	S/D	☒ Change ☐ Addition
NAME	HARDEN, MAUREEN P	22 NAME	MAUREEN P. HARDEN	
STREET ADDRESS	15820 SHAMROCK DR.	23 STREET ADDRESS	6332 ROYAL WOODS DRIVE	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	VP	31 TITLE	P/D	☒ Change ☐ Addition
NAME	HARDEN, MARK G.	32 NAME	MARK G. HARDEN	
STREET ADDRESS	4555 E. RIVERSIDE DR	33 STREET ADDRESS	18501 WINTER HAVEN	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	FT MYERS FL 33912	
TITLE		41 TITLE	VP/D	☐ Change ☒ Addition
NAME		42 NAME	MATTHEW E. HARDEN	
STREET ADDRESS		43 STREET ADDRESS	18501 WINTER HAVEN	
CITY-ST-ZIP		44 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	# DEPOSITED BY BANK RC	

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: Maureen O. Harden MAUREEN P. HARDEN 2/26/95 813-489-9345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0322443 CF