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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(2)

1. Corporation Name

HARDEN CUSTOM BUILDING, INC.

Principal Place of Business 6333 ROYAL WOODS DR FT. MYERS FL 33908

Mailing Address

6333 ROYAL WOODS DR FT. MYERS FL 33908



us us			3. Date Incorporated or Qualified 04/08/1974	3a. Date of Last Report 04/17/1995	
2. Principal Pla	pe of Business	2a. Mailing Address	A . C	4. FEI Number 59-1515020	Applied For
21 8526	Cypress on S.	26 8526 CYPR	ess Du S.	33 13 13020	Not Applicable
Suite. Apt. #	, etc∬V	Suite, Apt. #, et/.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State 23	nyces, FL	City & State 28 F. M. Y. C. R.	es FL	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 339	12 Country 25 USA	29 33912	Country 45 A		s No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New	
THOMAS	E HADDEN		81 Name	MARK G H	ARDEN
THOMAS E. HARDEN 6332 ROYAL WOODS DR			82 Street Ad		
	/ERS FL 33173		83	SS x 6 Cypress	pi < s
TON M	IENS FE 331/3		63	• •	
			84 City	Ft. MVERS	FI 85 Zip Code
11. Pursuant to	the provisions of Sections 607 0502	and 607,1508, Florida Statutes	the above named corp	poration submits this statement for the p	urpose of changing its registered office
or registere	id agent, or both, in the State of Florid i, and accept the obligations of Sect	 Such change was authorized 	by the corporation's ba	pard of directors. I hereby accept the ap	pointment as régistered agent. Lam
		Ochen MAURA	ON P HAPA	en Sec	4-19-96
SIGNATURE _	what is, build or protect name of registered agent.	grottito Edggorodini (NOTs	IEN P. HARD Begistere 1 Aging sign it inching	rted whet rendialing	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TiTLE	SD HARDEN, MAUREEN P	☐ DELETE	1 TITLE		Change Addition
NAME	6332 ROYAL WOODS DR		1.2 NAME		
STREET ADDRESS	FT. MYERS FL 33908		1.3 STREET ADDRESS		
CITY-ST-ZIP	PD	E DELETE	1.4 C-TY - ST - ZIP		Change Addition
TITLE	HARDEN, MARK G.	☐ DELETE	2 1 T:TLF		□ Grange □ Addition
NAME Crossy abobess	18501 WINTER HAVEN		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	FT MYERS FL 33912		2.4 CITY - S* - ZIP		
CITY - ST - ZIP	VP D	DELETE	3 1 TITLE		Change Addit on
NAME	MATTHHEW E. HARDEN	٥	3.2 NAME		
STREET ADDRESS	18501 WINTER HAVEN		3.3 STHEET ADDRESS		
CITY - ST - ZIP	FT.MYERS FL 33912		3.4 CITY - S1 - ZiP		
TITLE		☐ DELETE	4 1 TIFLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADURESS		
CITY - ST - ZIP			4.4 CiTy - SI - ZIF		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP		T DELETE	5.4 CITY - ST - ZIP 6.1 T.TLF		Change Addition
TITLE			6.2 NAME		
NAME CARCIT AGODGGG			6.3 STREET ADDRESS		
STREET AGORESS CHTY-ST-ZIP			64 CITY - ST - ZIP		
	certify that the information supplied v	with this filing is voluntarily furnis		y for the exemption stated in Section 11	9.07(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 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 Biock 12 or Biock 13 if changes, or on an attachment with an address. O. Sacden MAUReen P. HARDEN 4/19/96 941-489-4345