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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 449923 (2)

1. Corporation Name
HARDEN CUSTOM BUILDING, INC.

Principal Place of Business

8526 CYPRESS DR S
FT. MYERS FL 33912
US

Mailing Address

8526 CYPRESS DR S
FT. MYERS FL 33912-3265
US

3. Date Incorporated or Qualified
04/08/1974

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

HARDEN, MARK G.
8526 CYPRESS DR S
FORT MYERS FL 33912

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 607.0502 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

Maureen P. Harden

MAUREEN P. HARDEN

1-12-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME HARDEN, MAUREEN P
STREET ADDRESS 6332 ROYAL WOODS DR
CITY-ST-ZIP FT. MYERS FL 33908

TITLE PD
NAME HARDEN, MARK G.
STREET ADDRESS 18501 WINTER HAVEN
CITY-ST-ZIP FT MYERS FL 33912

TITLE VP D
NAME MATTHEW E. HARDEN
STREET ADDRESS 18501 WINTER HAVEN
CITY-ST-ZIP FT.MYERS FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Sec/Treas.
1.2 NAME Harden, Maureen P
1.3 STREET ADDRESS 8526 Cypress Dr S.
1.4 CITY-ST-ZIP Ft. Myers, FL 33912

2.1 TITLE Pres.
2.2 NAME Harden, Mark G.
2.3 STREET ADDRESS 8526 Cypress Dr S.
2.4 CITY-ST-ZIP Ft. Myers, FL 33912

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 P. Harden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maureen P. Harden

Date

1/12/97

Daytime Phone #

449-4341

CR2E034 (9/96)