

2-4-97 B-1282 -C

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Feb 04 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 # 539385 (5)

1. Corporation Name

HADLEY CAPITAL MANAGEMENT, INC.

Principal Place of Business

529 NW 22 STREET
GAINESVILLE FL 32603
US

Mailing Address

529 NW 22 STREET
GAINESVILLE FL 32603-1420
US



3. Date Incorporated or Qualified

07/14/1977

3a. Date of Last Report

07/08/1996

2. Principal Place of Business

21 529 NW 22 Street

Suite, Apt. #, etc.

22 City & State

23 Gainesville FL

24 Zip

32603

Country

25 USA

2a. Mailing Address

26 529 NW 22 Street

Suite, Apt. #, etc.

27 Gainesville

28 City & State

32603

Country

30 USA

4. FEI Number

59-1821436

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

8. Name and Address of Current Registered Agent

BARBER, HENRY W JR
203 NE E 1ST STREET
GAINESVILLE FL

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

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 PS ☐ DELETE

NAME SARAH D HADLEY
STREET ADDRESS 529 N.W. 22ND ST.
CITY- ST- ZIP GAINESVILLE FL

TITLE VD ☐ DELETE

NAME HADLEY, JOSEPH D.
STREET ADDRESS 529 N.W. 22ND STREET
CITY- ST- ZIP GAINESVILLE FL

TITLE TD ☐ DELETE

NAME MATTHEW P HADLEY
STREET ADDRESS 423 25 AV E
CITY- ST- ZIP SEATTLE WA

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE *Sarah D Hadley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/97

Daytime Phone #

(352) 376-7470

CR2E034 (9/96)