

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 543195 (2)

1. Corporation Name

H. D. ELDER, INC.

Principal Place of Business

15000 CROMWELL DR.
CLEARWATER FL 34624

Mailing Address

15000 CROMWELL DR.
CLEARWATER FL 34624

Reinstatement
FILED

96 NOV 15 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96

3. Date Incorporated or Qualified 08/17/1977 3a. Date of Last Report 03/08/1995

FBI Number 59-1773011 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

MARCUS GARY E.
855 MUMFORD RD, STE 12-A
LARGO FL 34641

10. Name and Address of New Registered Agent

01 Name Patricia A. Elder
02 Street Address (P.O. Box Number is Not Acceptable) 5873 Plum Harbor Circle
03 City Tamarac
04 FL 05 Zip Code 33321

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 Patricia A. Elder DATE 11/12/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ELDER, PATRICIA A.	1.2 NAME	
STREET ADDRESS	15000 CROMWELL DR.	1.3 STREET ADDRESS	5873 Plum Harbor Circle
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), Florida Statutes. Further, I 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: Patricia A. Elder
MONITORED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia A. Elder

9/16/96 954-724-9814
Date Daytime Phone