

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 680944 (6)
1. Corporation Name

WILLIAM HARGREAVES CORPORATION



Principal Place of Business

499 S.R. 434
SUITE 2015
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

PO BOX 607691
ORLANDO FL 32860-7691
US

3. Date Incorporated or Qualified
08/04/1980

3a. Date of Last Report
07/14/1995

4. FEI Number

59-2043168

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILLE, PATRICIA
11 NO CENTRAL AVE
APOPKA FL 32703

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 of individual or printed name of registered agent or director (If the registered agent or director is a corporation, the signature of the president or other officer authorized to execute this report is required.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
HARGREAVES, GORDON
STREET ADDRESS #6 OAKLEY PARK
CITY-STATE-ZIP GREATER MANCHESTER, UK

TITLE ☐ DELETE

NAME ST
FAIRHURST, JOHN EDWARD
STREET ADDRESS #4 COX GREEN CLOSE
CITY-STATE-ZIP GREATER MANCHESTER, UK

TITLE ☐ DELETE

NAME VD
HEALEY, CHRISTOPHER J.
STREET ADDRESS 113 DARWEN ROAD
CITY-STATE-ZIP GREATER MANCHESTER, UK

TITLE ☐ DELETE

NAME V
CANNON, JAMES M.
STREET ADDRESS 3819 FALLING LEAF LANE
CITY-STATE-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME ASV
WILLE, PATRICIA
STREET ADDRESS 11 N. CENTRAL AVENUE
CITY-STATE-ZIP APOPKA FL

TITLE ☐ DELETE

NAME D
CUTLER, STEVEN J.
STREET ADDRESS 18 BUCKINGHAM GATE
CITY-STATE-ZIP LONDON, UK

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

6.4 CITY-STATE-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. 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 officer 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA WILLE

4/30/96

DATE OF FILING

CR2E034 (12/95)