

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **684856** (8)

1. Corporation Name  
**HARTWELL & ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**909 COPPERFIELD TERR  
CASSELBERRY FL 32707**      **909 COPPERFIELD TERR  
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/20/1980**      **04/18/1994**

4. FEI Number      Applied For  
**59-2020559**       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**

9. This corporation has liability for intangible tax under S. 199.032 Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRED, STANLEY M.  
13899 BISCAYNE BLVD, PH-2  
NORTH MIAMI BEACH FL 33181-8600**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                              |
|-----------------|------------------------------|
| TITLE           | <b>PC</b>                    |
| NAME            | <b>HARTWELL, REGINALD D.</b> |
| STREET ADDRESS  | <b>909 COPPERFIELD TERR</b>  |
| CITY - ST - ZIP | <b>CASSELBERRY FL</b>        |
| TITLE           | <b>STD</b>                   |
| NAME            | <b>HARTWELL, MERILYN B.</b>  |
| STREET ADDRESS  | <b>909 COPPERFIELD TERR</b>  |
| CITY - ST - ZIP | <b>CASSELBERRY FL</b>        |
| TITLE           | <b>VD</b>                    |
| NAME            | <b>HARTWELL, REGINALD B</b>  |
| STREET ADDRESS  | <b>909 COPPERFIELD TERR</b>  |
| CITY - ST - ZIP | <b>CASSELBERRY FL</b>        |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 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. I further certify that the information reported on this Annual Report or a 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 individual whose name is reported on 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: *Reginald D. Hartwell*      **REGINALD D. HARTWELL**      4/22/95      407-699-5249  
SIGNATURE AND TYPE OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR      PRES.