FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 25 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 # **690104** **(5)**

1. Corporation Name
HART CORPORATION/FLORIDA DIVISION

Principal Place of Business	Mailing Address
900 JAYMOR RD SOUTHAMPTON PA 18966	900 JAYMOR RD SOUTHAMPTON PA 18966-3820

3. Date Incorporated or Qualified: **06/12/1981**
3a. Date of Last Report: **05/29/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **23-2193368** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$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

MIERS, MILEY
ROUTE 7, BOX 815A
TALLAHASSEE FL 32317

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PARKS, S MICHAEL	1.2 NAME	
STREET ADDRESS	900 JAYMOR RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON PA	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, L JOSEPH	2.2 NAME	
STREET ADDRESS	900 JAYMOR RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON PA	2.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HART, KENIN B	3.2 NAME	
STREET ADDRESS	900 JAYMOR RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON PA	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	XX Change ☐ Addition
NAME	MIERS, MILEY	4.2 NAME	
STREET ADDRESS	1213 MICCOSUKEE RD.	4.3 STREET ADDRESS	Route 7, Box 815A
CITY-ST-ZIP	TALLAHASSEE, FL 00000	4.4 CITY-ST-ZIP	Tallahassee, FL 32317
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	

CR2E034 (9/96)

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: /L. Joseph Meyer, Sec/Treas 2/24/97 215/322-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #