

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 854725

1. Corporation Name

JAMES O. HARDWICK & COMPANY, INC.

James O. Hardwick & Company, Inc.

Principal Place of Business

% JAMES O. HARDWICK  
AMELIA ISLAND PLANTATION  
AMELIA ISLAND FL 32034

Mailing Address

% JAMES O. HARDWICK  
AMELIA ISLAND PLANTATION  
AMELIA ISLAND FL 32034

APPROVED  
AND  
FILED

99 AUG 17 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2/22/99 90064 050 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/18/1982

4. FEI Number  
57-0667974

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 Suite 13, 5472 First Coast Hwy -  
City & State Amelia Island Fla.

23 Zip 32034 Country

24 32034 25

2a. Mailing Address

26 Suite 13  
Suite, Apt. #, etc.  
27 5472 First Coast Hwy -  
City & State Amelia Isl. Fla.

28 Zip 32034 Country

29 32034 30 Nassau

9. Name and Address of Current Registered Agent

HARDWICK, JAMES O.  
AMELIA ISLAND PLANTATION  
AMELIA ISLAND FL 32034

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 PST  
NAME HARDWICK, JAMES O., JR.  
STREET ADDRESS AMELIA ISLAND PLANTATION  
CITY-ST-ZIP AMELIA ISLAND FL

TITLE D  
NAME HARDWICK, JAMES O., JR.  
STREET ADDRESS AMELIA ISLAND PLANTATION  
CITY-ST-ZIP AMELIA ISLAND FL

TITLE VST  
NAME HARDWICK, JUDITH B.  
STREET ADDRESS AMELIA ISLAND PLANTATION  
CITY-ST-ZIP AMELIA ISLAND FL

TITLE D  
NAME HARDWICK, JUDITH B.  
STREET ADDRESS AMELIA ISLAND PLANTATION  
CITY-ST-ZIP AMELIA ISLAND FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/99 904 261 3355

012603

CR2E034 (5/99)