

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F02630** (4)

1. Corporation Name

HARWOOD BRICK DISTRIBUTORS, INC.



Principal Place of Business

**3302 N.E. 2ND STREET
GAINESVILLE FL 32609**

Mailing Address

**3302 N.E. 2ND STREET
GAINESVILLE FL 32609**

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

**HARWOOD, THOMAS V SR
3302 NE 2ND ST.
GAINESVILLE, FL
32609**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/22/1980

3a. Date of Last Report

03/01/1995

4. FID Number

59-2043796

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

10. Name and Address of New Registered Agent

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 the applicable

Block Registered Agent Signature must also be filed if

DAL

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD HARWOOD, THOMAS V.SR.**

STREET ADDRESS **3302 NE 2ND ST
GAINESVILLE FL**

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME **D HARWOOD, BEVERLY B.**

STREET ADDRESS **5419 N.W. 91ST BLVD.
GAINESVILLE FL**

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

President

☐ Change

☐ Addition

2. NAME

HARWOOD, THOMAS V. SR.

3. STREET ADDRESS

**3302 NE 2nd ST
Gainesville, FL**

4. CITY-ST-ZIP

☒ Change

☐ Addition

5. TITLE

Beverly B. HARDY

6. NAME

PO Box 1030

N/A

7. STREET ADDRESS

STARKE, FL. 32091

8. CITY-ST-ZIP

☐ Change

☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

700001767507

-04/03/96--01012--029

*****200.00**

☐ Change

☐ Addition

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 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

President

904/377-1699

(Date)

(Typed Name)

CR2E034 (12/95)