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Apr 21 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 # F96000006328 (6)

1. Corporation Name

HEARITE AUDIOLOGICAL HEARING AID & REPAIR CENTER
S, INC.



Principal Place of Business

Mailing Address

2700 E. BAY DR., STE. 201
LARGO FL 34641

2700 E. BAY DR., STE. 201
LARGO FL 33771-2438

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 33771

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

12/04/1996

4. FEI Number

Applied For

59-3408261

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, LARRY
200A JOHN KNOX RD.
TALLAHASSEE FL 32303

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 CT ☐ DELETE

NAME ROGERS, PAULA J
STREET ADDRESS 1203 BAY PALM BLVD.
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE CS ☐ DELETE

NAME RICHARDS, GEORGE B
STREET ADDRESS 5318 CHIPPENDALE CIRCLE
CITY-ST-ZIP FT. MYERS FL 33919

NAME SMITH, TERRY A ☒ DELETE

STREET ADDRESS 2560 RIVER REACH RD.
CITY-ST-ZIP NAPLES FL 33992

TITLE V ☒ DELETE

NAME DAVIDSON, ROBERT F
STREET ADDRESS 4012 IVY LANE
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman, President, Treasurer ☒ Change ☐ Addition

1.2 NAME Rogers Paula J
1.3 STREET ADDRESS 1203 Bay Palm Blvd
1.4 CITY-ST-ZIP Indian Rocks Beach, FL 33785

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Danrel Fee
2.3 STREET ADDRESS 800 Hickory LN
2.4 CITY-ST-ZIP Palm Harbor, FL 34683

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Paula J. Rogers

3-12-97 (813) 531-6455

CR2E034 (9/96)