

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: \$750).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90027 021 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003402 ✓

1. Corporation Name

HART PRODUCTS & SERVICES, INC.

Principal Place of Business

5105 PHILLIPS HIGHWAY
SUITE 301
JACKSONVILLE FL 32207
US

Mailing Address

PO BOX 381
931 JEANETTE AVE.
MIDDLETOWN OH 45042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

31-0731141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

23

Country

25

Zip

28

Country

30

9. Name and Address of Current Registered Agent

MAYS, GARY W
10529 ROCK GARDEN LN.
JACKSONVILLE FL 32257

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE
NAME **HART, HERMAN E**
STREET ADDRESS **10594 RT. 286**
CITY-ST-ZIP **HUNTSVILLE OH 43324**

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

TITLE **P** ☐ DELETE
NAME **HART, ROGER K**
STREET ADDRESS **7286 GLENN MOOR**
CITY-ST-ZIP **WEST CHESTER OH 45069**

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

TITLE **VT** ☐ DELETE
NAME **HART, CHRISTOPHER**
STREET ADDRESS **920 BRIARWOOD CT.**
CITY-ST-ZIP **MASON OH 45040**

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

TITLE **S** ☐ DELETE
NAME **CARPENTER, LISA J**
STREET ADDRESS **823 QUILWOOD CT.**
CITY-ST-ZIP **MASON OH 45040**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: **CHRISTOPHER HART**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/99

(513) 422-3639

Date Daytime Phone #

CR2E034 (5/99)