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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 07 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # G08262

(9)

## HARDWICK DEVELOPMENT CORPORATION

| Principal Place of Business Mailing Address  On AMERIA OF BUSINESS OF AMERICA OF AMERICA OF AMERICA OF AMERICA  |   |  |   |  |  |   |  |
|---|---|--|---|--|--|---|--|
|   |   | C/O AMELIA ISL PLANTATI<br>D 32034   | o amelia isl plantation<br>32034  |  |  |   |  |
|   |   |  |   |  | 3. Date Incorporated or Qualified 11/10/1982           | 04/10/1996                                |  |
| '   | ace of Business   | 2a. Mailing Address  |   |  | 4. FEI Number  |   | pplied For<br>lot Applicable           |
| Suite, Apt. #, etc  |   |  | Suite, Apt. #, etc.   |  | 59-2239843   | <b>- \$8.75</b>                           | Additional                             |
| 22  | , (N)   | 27   |   |  | Certificate of Status Desired                          | 1 1                                       | Required                               |
| City & State  | )   | City & State   |   |  | 6. Election Campaign Financing                         | \$5.00                                    | May Be                                 |
| 23  |   | 28   |   |  | Trust Fund Contribution                                |   | to Fees                                |
| Z₁p<br>   | Country   | Ζφ   | Country   |  | This corporation has liability for<br>Florida Statutes | r intangible tax under<br>Yes <b>X</b> No | s. 199.032,                            |
| 24  | 25  <br>9. Name and Address of Cur  | 29  <br>rrent Registered Agent   | 30  |  | 10. Name and Address of New R                          |   |  |
| HADI  | DWICK, JAMES O  |  | 81  | Name   |  |   |  |
|   | LIA ISL PLANTATION  |  | 82  | Stroot Add   | ress (P.O. Box Number is Not Accepta                   | ahla)                                     |  |
|   | LIA ISL , FL  |  | 62  | Siredi Add   | ress (F.O. Box Number is Not Accepte                   | aDIO)                                     |  |
| 3203  | · · · · · ·   |  | 83  | •  |  |   |  |
|   | •   |  | 84  | City   |  | 85 Zip                                    | Code                                   |
|   |   |  |   | •  | poration submits this statement for the                | FL   "                                    |  |
| office or re  | m familiar with and accept the ol   | bligations of, Section 607.0505, Fig   | xida Statutes   | •  |  |   |  |
| office or re<br>agent. Far<br>SIGNATURE   | Signature typed or printed name of registere  | ON) eldabled to applicable (NOTI   | E: Registered Ager  |  | led when reinstating)                                  | DATE                                      | DC (N 12                               |
| office or reagent. Far SIGNATURE  | Signature typed or printed name of registere<br>OFFICERS  | o agent and title if applicable (NOTI  | E: Regislered Ager  |  | ired when reinstating) ADDITIONS/CHANGES TO OFF        | ICERS AND DIRECTO                         |  |
| office or reagent. For SIGNATURE  | Signature typed or pooled name of registers OFFICERS PST  | ON) eldabled to applicable (NOTI   | E: Registered Ager<br>13.   |  |  |   |  |
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