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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| DOCUM 1. Corporation | MENT # G1330 | 66 (1) | | | | |
|---|--|--|--------------------------------|-----------------------------------|---|--|
| , | S T. HARDY ELECTRIC, II | NC. | | | | |
| | | | | | | |
| Principa! Place of Business Mailing Address | | | | | 1 1881111 0301 11800 11100 11110 01111 | ı Bini əndiy əşeği êyêşi bilişi eleti eleti dibil |
| 56 E CHASE ST. P. O. BOX 12156 PENSACOLA FL 32590-9156 | | 56 E CHASE ST. P. O. BOX 12156 PENSACOLA FL 32590-9156 | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| O Divisional File | and Divisions | | | | 12/14/1982 | 04/27/1995 |
| 2. Principal Place of Business | | 2a. Mailing Address 26 | | 4. FET Number 59-2248486 | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 Cit. 9 Chat- | | | Fee Required | |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country | | Zip | h | | 8. This corporation has liability for i | ntangible tax under s. 199.032, |
| 24 32501 | 9, Name and Address of Curre | 29 32590 = 2156 30 | | | Florida Statutes Yes | |
| | g, Name and Address of Curre | ent Hegistered Agent | 81 | Name | 10. Name and Address of New R | egistereo Agent |
| HARDY | DENNIS T | | 82 | 1 | 70.0 Da. N. Sh S. N. A | |
| HARDY, DENNIS T. 7476 MOBILE HIGHWAY | | | 82 | Street Addi | ress (P.O. Box Number is Not Acceptab | ie) |
| PENSACOLA FL 32506 | | | 83 | 1 | | |
| | | | 84 | City | | 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, | | | | honord econo | the state of the state and the state | FL s zp cooe |
| or registere | ed agent, or both, in the State of Flo | rida. Such change was authorize | ed by the corr | named corpo poration's boa | ration submits this statement for the pur tro of directors. I hereby accept the appo | pose of changing its registered office pritment as registered agent. I am |
| SIGNATURE | h, and accept the obligations of, Sec | ction 607.0505, Florida Statutes. | | | | |
| SIGNATUME _ | Signature, typed or printed name of registered age | | F Registered Age | ni) Signature recours | u wt on relistating) | DA1E |
| 12. | | ND DIRECTORS | 13. | [| ADDITIONS/CHANGES TO OFFI | ***** |
| TITLE NAME | PTC HARDY, DENNIS T | ☐ DELETE | 1 1 TITLE 1.2 NAME | | | Change Addition |
| STREET ADDRESS | 7476 MOBILE HIGHWAY | | | T AUDHESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 00000 | | | ST-ZIP | | Zip 32506 |
| TITLE | SVD | DELETE | 2 1 TITLE | | | Change Addition |
| NAME | HARDY, MARY R. | | 2.2 NAME | | | |
| STREET ADDRESS | 56 E CHASE ST. | | 2 3 STREE | T AODRESS | | |
| CITY-ST-ZIP TITLE | PENSACOLA, FL 00000 | ☐ DELETE | 24 CITY - 3 1 TIJLE | | | Zip 32501 |
| NAME | | | 3 2 NAME | | | Change Addition |
| STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | M = 10 10 10 10 10 10 10 10 10 10 10 10 10 | | 3 4 CITY- | ST-Z-P | | Zip 32504 |
| TITLE | | ☐ DELETE | 4. 1 TITLE | | | Change Addition |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | T ADDRESS | | |
| C-TY-ST-ZIP TITLE | | DELETE | 4.4 CITY - 5 1 TITLE | ST - ZIP | | Change Addition |
| NAME | | | 5 2 NAME | | | |
| STREET ADDRESS | | | | I ADDRESS | | |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | 5 4 CITY- | ST-ZIP | | |
| TITLE | | DELETE | 6 1 TITLE | | | ☐ Change ☐ Addition |
| NAME | / | | 6 2 NAME | | | |
| STREET ADDRESS | // | 1X_1/ | | LADORESS | | |
| 14. I do hereby | certify that the information supplied | with the filling is voluntarily furnis | 64 City : shed and doe | es not qualify f | or the exemption stated in Section 119.0 | 07(3)(k), Florida Statutes, Lfurther |
| certify that oath; that I | the information indicated on his and am an officer or director of the offi Block 12 or Block 13 if changes | report of supplemental annu | ial report is tri empowered | ue and accura | tle and that my signature shall have the is report as required by Chapter 607, Flo | same legal effect as if made under |

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis T. Hardy President

3-4-96

904/485-2515