

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G23830

1. Corporation Name

RICHARD L. HARDY, INC.

Principal Place of Business

1922 SOUTHAMPTON RD.
C/O RICHARD L. HARDY
JACKSONVILLE FL 32207

Mailing Address

1922 SOUTHAMPTON RD
C/O RICHARD L. HARDY
JACKSONVILLE FL 32207

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90007 007 ***300.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1983

4. FEI Number

59-2270689

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1162 San Marco Ave.

Suite, Apt. #, etc.

22 Suite 4

City & State

23 St. Augustine, FL

Zip

Country

24 32084

25 St. Johns

2a. Mailing Address

26 1162 San Marco Ave.

Suite, Apt. #, etc.

27 Suite 4

City & State

28 St. Augustine, FL

Zip

Country

29 32084

30 St. Johns

9. Name and Address of Current Registered Agent

HARDY, RICHARD L.
1922 SOUTHAMPTON RD.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

Richard L. Hardy

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

2721 Harbor Court

83

84 City

St. Augustine

FL

85 Zip Code

32095

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

Richard L. Hardy

(NOT E. Registered Agent signature required when reinstating)

DATE

4/8/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HARDY, RICHARD L.
STREET ADDRESS 1922 SOUTHAMPTON RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 President ☒ Change ☐ Addition

1.2 NAME Hardy, Richard L.
1.3 STREET ADDRESS 1162 San Marco Ave., Ste. 4
1.4 CITY-ST-ZIP St. Augustine, FL 32084

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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 1.2 or Block 1.3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)