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 DOCUMENT #
1. Corporation Name

(7)

| HART | & REICHERT ASSOCIAT | ES, INC. | | | I DIRIT ANDIT BARKI BURU ANDIT KARI |
|--|---|---|---|---|---|
| Principal Place of Business | | Mailing Address | | | L BERTH GIRLI BERKE BERN RIGHT INTE |
| 802 BURNS LANE WINTER HAVEN FL 33884-1151 | | 802 Burns Lane Winter Haven FL | 33884-1151 | | |
| | | | | 3. Date Incorporated or Qualified 3a. I 04/01/1983 | Date of Last Report 05/01/1995 |
| Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc | | 26 | | 59-2287935 | Not Applicable |
| 22 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Crty & Star 23 | te | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Ζιρ 24 | Country 25 | Ζφ 29 | Country 30 | 8. This corporation has liability for intangible Florida Statutes | e tax under s. 199.032, |
| | Name and Address of Cu | rrent Registered Agent | | 10. Name and Address of New Registers | |
| | SPRINGS FL 33067 to the provisions of Sections 507.0 ared agent, or both, in the State of Fifth and accord the of Fifth and accord the of Fifth and accord the other sections. | 502 and 607.1508, Florida Stati forda Such change was author | 83 84 City Ites, the above named corporation's b | poration submits this statement for the purpose of card of directors. I hereby accept the appointment | B5 Zip Code changing its registered office as registered agent. I am |
| SIGNATURE. | Signature typod or printed name of regimened | | | | |
| 12. | ···· | AND DIRECTORS | 13. | | |
| TITLE | V | ☐ DELETE | 1 1 T.TLE | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| NAMÉ | HART, CHRIS | | 1.2 NAME | | C overige C Had tight |
| STREET ADDRESS | 5501 N.W. 86 WAY | | 1.3 STREET ADORESS | | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 1 4 CITY - S1 - ZIP | | |
| TITLE | T T | DELETE | 2 1 TITLE | | Change Addition |
| NAME | HART, DAWN | | 2.2 NAME | | |
| STREET ADDRESS | 5501 N.W. 86 WAY | | 2.3 STREET ADDRESS | | • |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 2.4 C-TY - ST - ZIF | | |
| TITLE | P P P P P P P P P P P P P P P P P P P | ☐ DELETE | 3 1 TITLE | | Change Addition |
| NAME | REICHERT, JAMES W., JR | • | 3.2 NAME | | |
| STREET ADDRESS | 14 MEADOW LAKE CT. | | 3.3 STREET ADDRESS | | |
| C(TY-ST-ZIP | WINTER HAVEN FL | | 3 4 CITY - ST - ZIP | | |
| Trifl& | REICHERT, DEBBIE | DELETE | 4 1 THLE | | Change Addition |
| NAME | 14 MEADOW LAKE CT. | | 4.2 NAME | | |
| STREET ADDRESS | WINTER HAVEN FL | | 4 3 STREET ADDRESS | | |
| CITY - ST - ZIP | THINICA FLAVER FL | | 4.4 City - ST, 7tP | | 4 |

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this innual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if charged, in an another many times and that my name appears in Block 12 or Block 13 if charged, in an attachment with an applicas.

4.4.0(TY - ST - Z)P

5.3 STREET ADORESS

6.3 STREET ADDRESS

54 CHY ST-ZIP

5 1 7/11 8

5.2 NAME

6 TTITLE

6.2 NAME

SIGNATURE: __

TITLE

NAME

THLE

NAMÉ

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

954-344-2988 4/20/94

☐ Change

Change

Addition

Addition