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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90016 012 ***150.00

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DOCUMENT # G34484

1. Corporation Name

HART & REICHERT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
802 BURNS LANE WINTER HAVEN FL 33884-1151	802 BURNS LANE WINTER HAVEN FL 33884-1151

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/01/1983

2. Principal Place of Business	2a. Mailing Address	**4. FEI Number** 59-2287935	Applied For
21	26		Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☒Yes ☐No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent		
HART, CHRISTOPHER S. 10211 W SAMPLE RD. SUITE # 210 CORAL SPRINGS FL 33065	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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	HART, CHRIS		1.2 NAME		
STREET ADDRESS	5501 N.W. 86 WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	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 CITY-ST-ZIP		
TITLE	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		
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	REICHERT, DEBBIE		4.2 NAME		
STREET ADDRESS	14 MEADOW LAKE CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ DAWN HART _____ 4/5/99 (954) 255-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #