SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H39006 (2)

1. Corporation Name
HARE REAL ESTATE COMPANY

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~1139 NE PINE ISLAND LN~~ 1536 Carson St. ~~CAPE CORAL FL 33909~~ Ft. Myers FL 33901 US	~~1139 NE PINE ISLAND LN~~ 1802 Hancock Bridge Pkwy ~~CAPE CORAL FL 33909~~ 33990-5301 US

3. Date Incorporated or Qualified: 01/22/1985
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21: 1536 Carson St.
22: Suite, Apt. #, etc.
23: City & State: Fort Myers
24: Zip: 33901
25: Country: Lee

2a. Mailing Address
26: 1802 Hancock Bridge Pkwy
27: Suite, Apt. #, etc.
28: City & State: Cape Coral
29: Zip: 33990-5301
30: Country: Lee

4. FEI Number: 59-2505864 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEDERSON, KJELL
2555 ESTERO BLVD.
FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

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	PST	1.1 TITLE	P.S. ☑ Change ☐ Addition
NAME	HARE, MARILYN	1.2 NAME	Hare, Marilyn
STREET ADDRESS	1139 NE PINE ISLAND LN	1.3 STREET ADDRESS	1802 Hancock Bridge Pkwy
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral FL 33990-5301
TITLE	D	2.1 TITLE	VP, T ☑ Change ☐ Addition
NAME	DANIELS, BARBARA A	2.2 NAME	Daniels, Barbara A.
STREET ADDRESS	1139 NE PINE ISLAND LN	2.3 STREET ADDRESS	1802 Hancock Bridge Pkwy
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Cape Coral FL 33990-5301
TITLE		3.1 TITLE	John J. Mulder Director ☐ Change ☑ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	1802 Hancock Bridge Pkwy
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cape Coral FL 33990-5301
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: Marilyn Hare Marilyn Hare 6/23/95 (941)458-9805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150025 FF