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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

J08783

(9)

DOCUMENT #

1. Corporation Name

PETE HARDY FOUNDAT	TIONS AND CONCRETE FLOORS	s, INC.			
Principal Place of Business	Mailing Address		1 1201114 Mill S2141 (Attat (434) 1941		
168 MANISTEE STREET P.O. BOX 14068 PANAMA CITY BEACH FL 32413	169 MANISTEE STREET P.O. BOX 14068 PANAMA CITY BEACH F			Date Incorporated or Qualified 3a. Date of Last Report 04/11/1986 04/13/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable	
i)	26		59-2681713	\$8.75 Additional	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
Gily & State	28		Trust Fund Contribution	Added to Fees	
Zip Countr	y Zip	Country	This corporation has liability for	intangible tax under si 199.032, si □ No	
25	29	30	Florida Statutes		
g. Name and Addre	ess of Current Registered Agent	81 Name			
HESS, GLENN L. 9108 WEST HIGHWAY 98 PANAMA CITY BEACH FL 3 11. Pursuant to the provisions of Sector registered agent, or both, in the familiar with, and accept the oblig	ions 607,0502 and 607,1508, Florida Statutes b State of Florida. Such change was authorize ations of, Section 607,0505, Florida Statutes	84 City	ess (P.O. Box Number is Not Acceptate Front Sugar Front Sugar and City Black alian submits this statement for the prod of directors. Thereby accept the appropriate the appropriate the approximation of the production of the approximation of the production of the approximation of the	5 FL 85 Zip Code 407	
SIGNATURE \		E: Rogistered Agent signature require	d when reustating)	DATE	
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO UE	FICERS AND DIRECTORS IN 12	
TITLE PD	DELETE	1 1 TITLE			
NAME HARDY, PETE		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS 168 MANISTEE		1.3 STREET AUGINESS			
CITY-ST-ZIP PANAMA CITY I	BEACH FL DELETE	2 1 TITLE		Change Addition	
TITLE		2.2 NAME			
NAME		2 3 STREET ADDRESS			
STREFT ADDRESS CITY+ST-ZIP		2.4 CITY-ST-ZIP		Change ☐ Addition	
TITLE	DELETE	3 1 11TLF		Cristige Adotton	
NAME		3 ? NAME			
STREET ADDRESS		3.3 STREFT ADDRESS			
CITY-ST-ZIP	T DELETE	3 4 CHY-ST-ZIF		Change Addition	
THILE	[] DEFE	4 1 111EE			
NAME		4.3 STREET ADDRESS			
STREET ADDRESS		4.4 CITY - ST - ZIP			
CHY-ST-ZIP	DELETE	5 1 10LE		Change Addition	
TIFLE		52 NAME			
NAME STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5 4 CITY - S1 - ZIP		Change	
TIFLE	DELETE	6 1 TITLE		☐ Change ☐ Addition	
NAME		6.2 NAME			
STREET ADORESS		6.3 STREET ADDRESS			
nity_\$1_7IP		€ 4 CITY - ST - ZIF	for the evenuation stated in Section 1	19.07(3)(k), Florida Statutes. I further	
certify that the information indica	mation supplied with this filing is voluntarily fur sted on this annual report or supplemental and ctor of the corporation or the receiver or trusto if changed, or on an attachment with an add	ne emnowered to execute t	his report as required by Chapter 607.	the same logal effect as if made under Florida Statutes; and that my name	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A. HANDY