

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J13527 (3)

1. Corporation Name

HARTS LIVING INDUSTRIES, INC.



Principal Place of Business

% RONALD M. HART
4170 SW GROVE ST
PALM CITY FL 34990

Mailing Address

% RONALD M. HART
4170 SW GROVE ST
PALM CITY FL 34990

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

26 SAME AS ABOVE

3. Date Incorporated or Qualified

05/08/1986

3a. Date of Last Report

03/17/1995

4. FEI Number

59-2675772

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

23

City & State

27

City & State

24

Zip

Country

29

Zip

Country

25

9. Name and Address of Current Registered Agent

HART, RONALD M.
5352 SW RANCHITO ST.
PALM CITY FL 34997

10. Name and Address of New Registered Agent

81

Name

RONALD M. HART

82

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

5352 SW RANCHITO ST.

83

City

PALM CITY

84

City

FL

85

Zip Code

34990

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

RONALD M. HART

(NOTE: Registered Agent's signature required when reinstating)

DATE

2-20-96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME HART, RONALD M.
STREET ADDRESS 5352 SW RANCHITO ST.
CITY-ST-ZIP PALM CITY FL

☐ DELETE

TITLE DST
NAME HART, HILLARY J.
STREET ADDRESS 4170 S.W. GROVE ST.
CITY-ST-ZIP PALM CITY FL

☒ DELETE

TITLE VP
NAME HENN, MARK
STREET ADDRESS 5207 MOORES ST.
CITY-ST-ZIP PALM CITY FL

☐ DELETE

TITLE VP
NAME WALDEN, PETE
STREET ADDRESS 5453 MARKEL ST.
CITY-ST-ZIP PALM CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

DATE

2-20-96

DAYTIME PHONE #

407-288-2112

CR2E034 (12/95)