

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 # J47337 (7)

1. Corporation Name

HARDY & CALLAWAY DEVELOPMENT GROUP, INC.



Principal Place of Business

3697 LAKE EMMA ROAD
LAKE MARY FL 32746-0384

Mailing Address

3697 LAKE EMMA ROAD
LAKE MARY FL 32746-0384

2. Principal Place of Business

2a. Mailing Address

21 585 Technology Park Drive

26 585 Technology Park Drive

Suite, Apt. #, etc.
22 Suite 105

Suite, Apt. #, etc.
27 Suite 105

City & State

City & State

23 Lake Mary, FL

28 Lake Mary, FL

Zip

Country

24 32746

25 USA

Zip

Country

29 32746

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/16/1986

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2773648

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

10. Name and Address of New Registered Agent

SNIVELY, STEPHEN W
200 S ORANGE AVE
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CTO	<input type="checkbox"/> DELETE
NAME	HARDY, TOBY R.	
STREET ADDRESS	3697 LAKE EMMA ROAD	
CITY - ST - ZIP	LAKE MARY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALLAWAY, PATRICK T.	
STREET ADDRESS	3697 LAKE EMMA ROAD	
CITY - ST - ZIP	LAKE MARY FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	HARDY, SUSAN T	
STREET ADDRESS	3697 LAKE EMMA RD	
CITY - ST - ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	585 Technology Park Drive, Suite 105
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	585 Technology Park Drive, Suite 105
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	585 Technology Park Drive, Suite 105
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan T. Hardy

4-1-96

407-333-2700

CR2E034 (12/95)