

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0022976

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90023 044 \*\*\*150.00

DOCUMENT # J49086

1. Corporation Name

HART FINANCE COMPANY, INC.

Principal Place of Business

555 S.W. 130TH AVE.  
DAVIE FL 33325  
US

Mailing Address

~~WILLIAM M. HART, II~~  
555 SW 130TH AVE  
DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1987

4. FEI Number

59-2789217

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 100 FERNWOOD CIRCLE

Suite, Apt. #, etc.

22 City & State

23 DAYTONA BEACH, FL

Zip

24 32114

25 U.S.

2a. Mailing Address

26 100 FERNWOOD CIRCLE

Suite, Apt. #, etc.

27 City & State

28 DAYTONA BEACH, FL

Zip

29 32114

30 U.S.

9. Name and Address of Current Registered Agent

HART, GERALD ALDE  
555 SW 130TH AVENUE  
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name PAMELA H. BROWN

82 Street Address (P.O. Box Number is Not Acceptable)  
100 FERNWOOD CIRCLE

83

84 City DAYTONA BEACH FL 85 Zip Code 32114

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 Pamela H. Brown  
Signature, typed or printed name of registered agent and title if applicable.

PAMELA H. BROWN, SECRETARY 1/25/99  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HART, GERALD ALDE	
STREET ADDRESS	555 SW 130TH AVE	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	100 FERNWOOD CIRCLE
14 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	WILLIAM G.S. BROWN
23 STREET ADDRESS	100 FERNWOOD CIRCLE
24 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	T, S
33 STREET ADDRESS	PAMELA HART BROWN
34 CITY-ST-ZIP	100 FERNWOOD CIRCLE DAYTONA BEACH, FL 32114
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: Pamela H. Brown PAMELA H. BROWN 1/25/99 904-323-6201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)