

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 # J73193 (1)

1. Corporation Name
HARDEE MANUFACTURING COMPANY, INC.



Principal Place of Business
2299 U.W. HWY 92 EAST
P. O. BOX 699
PLANT CITY FL 33564-7699

Mailing Address
2299 U.W. HWY 92 EAST
P. O. BOX 699
PLANT CITY FL 33564-7699

3. Date Incorporated or Qualified 05/18/1987 3a. Date of Last Report 04/25/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2810559	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

REDMAN, JAMES L.
121 NORTH COLLINS ST.
PLANT CITY FL 33566

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, WILLIAM S.	1.2 NAME	
STREET ADDRESS	4828 MUSKETT DRIVE	1.3 STREET ADDRESS	2812 Pine Club Dr
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	PLANT CITY, FL. 33567
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKALA, WALTER H.	2.2 NAME	
STREET ADDRESS	1007 MCGEE ROAD WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, LINDA S	3.2 NAME	
STREET ADDRESS	4828 MUSKETT DR.	3.3 STREET ADDRESS	2812 Pine Club Dr
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKALA, DOROTHY E.	4.2 NAME	
STREET ADDRESS	1007 MCGEE ROAD WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Vice President-Finance
STREET ADDRESS		5.3 STREET ADDRESS	DUANE Chambers
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5249 Nichols Dr.
TITLE		6.1 TITLE	LAKELAND, FL 33813
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 register 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:

Duane Chambers
DUANE CHAMBERS, President

4-12-96 813-752-5126

Date

Daytime Phone

CR2E034 (12/95)