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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

J73193

(1)

HARDEE MANUFACTURING COMPANY, INC.

Principal Place of Business Mailing Address									f lantilia Asit shood sister cincin lainn sist		OII BIOK O	IBLI AIBH 1881
2299 U.W. HWY 92 EAST			2299 U.W. HWY 92 EAST									
P. O. BOX 699			P. O. BOX 699					DO NOT WRITE IN THIS SPACE				
PLANT CITY FL 33564-7699				PLANT CITY FL 33564-7699				ł	3. Date Incorporated or Qualified			
									05/18/1987			
2. Principal Pl	lace of Business		2a.	, Mailing Addres	S\$				4. FEI Number			Applied For
21			26					59-2810559			Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional
22			27						S, Collingto of States Desires			Required
City & State	θ		\vdash	City & State					6. Election Campaign Financing			O May Be
23		Danimbur.	28	Zip		Country	, -		Trust Fund Contribution			d to Fees
Zip		Country	29	Σψ	30	Couring	'		 This corporation owes or has pain Personal Property Tax due June 		ntyear Yes	I⊓tangible ☐ No
24	9 Name and	Address of Curren		tered Agent	[30]			!	10. Name and Address of New Reg			
DEF	DMAN, JAMES (81	Name					
	NORTH COLL					82	Stroot	Addres	ss (P.O. Box Number is Not Acceptable	اها		
PLANT CITY FL 33566						OZ.	Sileot	Audiba	ss (r.o. box Mulliber is Not Acceptable			
, ,	411 0117 12 00	•••				83						
						84	City				85 Zi	p Code
										FL		,
11. Pursuant l	to the provisions	of Sections 607.050	2 and 6	07.1508, Florida	Statutes, th	he above	e-named	corpor	ration submits this statement for the pun's board of directors. I hereby accep	urpose of c	hanging	its registered
agent. I a	egistered agent, o m fa miliar with, ar	or both, an trie state nd accept the obliga	ations of	f Section 607.05	505, Florida	Statutes	s.	poration	ins board of directors. Thereby accept	i the appe	110710710	as rogistored
SIGNATURE												
	Signature, typed or prin											
							ent signature	e required	when reinstating)	DATE ERS AND I	DIRECTO	DR\$ IN 12
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6.3 STREET ADDRESS 6.4 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 suppliemental 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address

FILED

Mar 20 1998 8:00am

Secretary of State