

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90092 028 ***158.75

DOCUMENT # J95344

1. Corporation Name

~~HARDY & GILGAWAY REALTY GROUP, INC.~~

HARDY REALTY GROUP, INC.

4-24-98

Principal Place of Business

585 TECHNOLOGY PARK DRIVE
SUITE 105
LAKE MARY FL 32746
US

Mailing Address

585 TECHNOLOGY PARK DRIVE
SUITE 105
LAKE MARY FL 32746
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1987

4. FEI Number

59-2851680

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SNIVELY, STEPHEN W
200 S ORANGE AVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

TOBY R. HARDY

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

585 TECHNOLOGY PARK DRIVE

83

SUITE 105

84 City

LAKE MARY

FL

85 Zip Code

32746

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

TITLE V
NAME HARDY, TOBY R
STREET ADDRESS 585 TECHNOLOGY PARK DRIVE SUITE 105
CITY-ST-ZIP LAKE MARY FL 32746

TITLE PVST
NAME HARDY, SUSAN T
STREET ADDRESS 585 TECHNOLOGY PARK DRIVE SUITE 105
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D
NAME HARDY, SUSAN T
STREET ADDRESS 585 TECHNOLOGY PARK DRIVE SUITE 105
CITY-ST-ZIP LAKE MARY FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 407/333-2700
Date Daytime Phone #

CR2E034 (1/98)

0072604