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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS			Secretary of State					
DOCUI	MENT # K4	2612	(7)								
HARDY I	HOLDINGS, INC.										
							1 (1881 8)(0 81) 81818 11818 81181 1		iji a nahi alahi atau	 	A a a (a a)
Principal Plac	e of Business	N	Mailing Address						PYL BUBUL BUBUL BEBE		
% REILLY, WALTER A. JR.			% REILLY, WALTER A. JR.								
27 CARRIAGE CREEK WAY ORMOND BEACH FL 32174			27 CARRIAGE CREEK WAY ORMOND BEACH FL 32174-6780								
OTMOND BENG	ALLE SELLA	V	IMONO BEROTTE SET	40100			3. Date Incorporated or Qua	lified	3a. Date of L	ast Ro	port
2. Principal Place of Business			2a. Mailing Address			11/01/1988 4. FEI Number		02/27/19			
21			26			65-0094910		-		plied For t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desir	ed		75 A	dditional
City & State		27	City & State				- 1		F	ee Re	<u> </u>
23 City 6 Stan	e	28	ı *				 Election Campaign Finance Trust Fund Contribution 	oing [May Be o Foes
Zip	Country		Zip	Cou	ntry	,	8. This corporation has liabil	ity for inte	·		
24	9. Name and Addre	29		30		_,	Florida Statutes				
DEU		BE Of Current Regi	stered Agent		81	Name	10. Name and Address of N	aw Itabia	stered Agent		
REILLY, WALTER A JR. 27 CARRIAGE CREEK WAY							ress (P.O. Box Number is Not Ac		· · · · · · · · · · · · · · · · · · ·		
	IOND BEACH FL 321		82 Stroot Ac			Street Add	ress (F.O. Box Number is Not AC	зертавю,	,		
				Ì	83	}			_		
					84	City			85	Zip C	ode
11. Pursuant	to the provisions of Sect	lions 607.0502 and	607.1508. Florida Statu	tes, the al	DOVE	e-named corr	poration submits this statement for	or the pur	pose of chance	ina ils	registered
office or r	egistered agent, or both m familiar with, and acc	n, in the State of Flor	rida. Such change was	authorized	d by	v the corporal	tion's board of directors. I hereby	accept t	the appointme	nl as i	registered
SIGNATURE											
12.	Signature, typed or printed name	of regimered agust and fill FFICERS AND DIRE		II Registered	1 Age	ant signature requi	red when rehistating) ADDITIONS/CHANGES TO		DATE BS AND DIREC	CTOR	S IN 12
TITLE	PDST	T TOLLIE TO TO TO TOTAL	DELETE	1.1 TII	ILE		ABBITTOTO OT MACCO TO	OTTIOL	☐ Ch		Addition
NAME	REILLY, WALTER A			1.2 NA	ME						
STREET ADDRESS	27 CARRIAGE CREE			13 ST	HEET	ADDRESS					i
CITY-ST-ZIP TITLE	ORMOND BEACH F	<u>L</u>	DELFTE	1.4 DI 2.1 TII		ST-ZIP			☐ Ch		Addition
NAME				2.1 HI					انا رئے	niye	[7] Vontroit
STREET ADDRESS						ADDRESS					
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NAME				4.2 N							
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TITLE			☐ DEFE1£	5110					□ Ch	ange	Addition
NAME PERCEADDRESS				5.2 NA		ADDRECC					
STREET ADDRESS CITY-S1-ZIP				5.3 ST 5.4 CF		ADDRESS					
TITLE			☐ DELF1E	6.1 TO					☐ Ch	ange	Addition
NAME				6.2 NA	MŁ						
STREET ADDRESS				6 3 ST	REET	ADDRESS					

City-St-ZIP

14. I do 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 pepor 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 proportion or the receiver of the stee empoyable do execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Jul 21 1997 8:00am