PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name K86775 (9)

RUSSELL C. HART, INC.

RUSSELL C. HART, INC.						
Principa' Place of	f Business	Mailing Address		***************************************		
C/O RUSSELL C. HART 950 FIRST ST. S . STE #204 WINTER HAVEN FL 33880		P.O. BOX 799 950 First St. S. Ste 204 Winter Haven Fl. 33882-0799		Date incorporated or Qualified	3a. Date of Last Report	
US		US		05/09/1989	07/06/1995	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 59-2945951	Applied For Not Applicable	
26 Suite Apt. #, etc				\$8.75 Additional		
Suite, Apr. 4, etc.			5. Certificate of Status Desired	Fee Required		
27			6. Election Campaign Financing	\$5.00 May Be		
3 28			Trust Fund Contribution	Added to rees		
Zip	Country	Zib	Country	8. This corporation has liability for Florida Statutes Yes	intangihie tax under sil 199.032,	
24	25	[29]	30	10. Name and Address of New F		
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	19.		
HART D	HOOCH C			/D O. Roy Number is No. Acceptate	nle)	
Hart, Russell C. 950 First St., South			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 20			83			
	HAVEN FL 33880		84 City		85 Zip Code	
				poration submits this statement for the purporal of directors. Thereby accept the app		
SIGNATURE _	Signature, typud or protest rain untiregetens alan OFFICERS Af	caumonaja do per ND DRECTORS	13.	ared white recording: ADDITIONS/CHANGES TO OFI	PICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DEFEIF	1 1 T-7LF		Change Addition	
NAME	HART, RUSSELL C.		1.2 NAME			
STREET ADDRESS	950 1ST ST. S. STE 204		1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL	T DELETE	1.4 CHY - S1 - 716*		Change Addition	
THLE	HART, RUSSELL C.	LI becere	2 2 NAME			
NAME	950 1ST ST. S. STE 204		2.3 STREET ADDRESS			
STREET ADDRESS	WINTER HAVEN FL		2.4 C/TY - \$1 - Zif'			
CITY - ST - 7IP		DELETE	3 1 TillE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY+ST-ZiP		FT POLICE	3.4 CiTY - S1 - ZiP		Change Addition	
TITLE		☐ DELETE	4 1 DTLE			
NAME			4.2 NAME 4.3 STREET AODRESS			
STREET ADDRESS			4.3 STREET ADURESS			
CITY-ST-ZIP TIFLE		DELETE	5 1 N.E		☐ Change ☐ Addition	
NAME		_	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-SI-ZIP			54 City St-ZiP		Change Addition	
TITLE		☐ DELETE	6 1 711 LE		Change Addition	
NAME	1		6.2 NAM5			

6.3 STREET ADDRESS

6.4 CHTY - \$1 - 71P

STREET ADDRESS

14. If 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 supplier ental annual report is true and accurate and that my signature shall have the same logal effect as if made under cartify that the information indicated on this annual report or supplier ental annual report is true and accurate and that my signature shall have the same logal effect as if made under cartify that the information indicated on this annual report or supplier ental report as required by Chapter 607, Florida Statutes; and that my name papears in Block 12 or Block 12 if dranged, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Days of Page Page 2.

CR2E034 (12/95)