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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	1997	DIVISION OF C	'	Secreta	ry of State
DOCUN 1. Corporation	MENT # L22708 EY & SONS, INC.	3 (6)		. (1884/8/11 1414 11416 (1011 1416)) dalah tehi	- 1   1   1   1   1   1   1   1   1   1
Orinalisal Place	o of Duningola	Malling, Andrews			
Principal Place of Business  ** GARY HARTLEY 2890 COLLEGE DRIVE  ST. AUGUSTINE FL 32095		Mailing Address  HARTLEY & SON. INC.  OC. SCHOOL  WILLISTON FL 32696-0146 US			
				3. Date Incorporated or Qualified 10/11/1989	3a. Date of Last Report 06/05/1996
2. Principal Place of Business		28. Mailing Address R 2 2 2 1		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 R4-5 A50% 3331 Suile, Apt. #, etc.		59-2975074	Not Applicable  \$8.75 Additional
22				5. Certificate of Status Desired	Fee Required
City & State 23		28 City & State / Pr		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	3"01C1	County	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25 9. Name and Address of Currer		30 227	Florida Statutes  10. Name and Address of New Reg	Yes No
JAH.	RTLEY, GARY	it traditional Adult	81 Name	10, Harrie and Addivas of Now 110s	Jistorou Agont
2990 COLLEGE DRIVE ST. AUGUSTINE FL 32095			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
			84 City		FL 85 Zip Code
11. Pursuant to office or reagent. I as SIGNATURE	to the provisions of Soctions 607.050 egisterod agont, or both, in the State m familiar with, and accept the oblig	22 and 607.1508, Florida Statuto of Florida. Such change was a lations of, Section 607.0505, Flo	es, the above-hamed corp athorized by the corpora rida Statutes.	poration submits this statement for the pi lion's board of directors. I hereby accep	
	Signature, typed or printed name of registered ag		flogislered Agent signature requi		DATE
12.	PD OFFICERS AN	ID DIRECTORS  DELETE	13. 11100LE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	HARTLEY, GARY G.		1,2 NAME		<u> </u>
STREET ADDRESS	2990 CILLEGE DRIVE	•	1,3 STREET ADDRESS		1
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		1,4 C(1)Y - S1 - Z(P		
TITLE	SD HADTIEV BOANDON	L] DELETE	2.1 TillE		Change Addition
NAME STREET ADDRESS	HARTLEY, BRANDON 2990 COLLEGE DRIVE		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		2. 4 C(1Y+S1+ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE		DILETE	3.4. CITY - ST - ZIP 4.1 TITLE	V - 1,	Change Addition
NAME			4. 2 NAME		manus go bases 41/10/1
STREET ADDRESS			4.3 STREEL ADDRESS		
CITY-ST-ZIP	——————————————————————————————————————		4 4 C(1 Y - S1 - ZIP	Magazina and a state of the sta	
TITLE		DELETE	\$ 1 7171.F		Change Addition
NAME STREET ADDRESS	!		\$.2 NAME		•
CITY-ST-ZIP	;		\$.3 STREFT ADDRESS \$.4 CHY+ST-ZIP		1 .
TITLE		DELETE	6.1 Title		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET AUDRESS		
CITY-ST-ZIP			B.4 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 soluble report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the composition 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 Box 13 if changed, or on an approximent with an address

May 20 1997 8:00am