FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # L58817 (2)

HARDE	e power II, Inc.											
Principal Place of C/O R H KES 702 N. FRANK	sel Lin st.	C/O R F P O BO	Mailing Address C/O R H KESSEL P O BOX 111 TAMPA FL 33601-0111 US						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1917		
TAMPA FL 334 US	902-0110						3. Date Incorporated or Oualified 03/21/1990	3a. Date of 05/0	Last Re 1/199	port 5		
2. Principal Pla	ce of Business	2a. Mailing	2e. Mailing Address 26				59-3003581 Not Appl			Applied For Not Applicable		
Suite, Apt. #	r, etc.	Suite,	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required	
City & State		City & 28	City & State					Election Campaign Financing Trust Fund Contribution		Added to rees		
Ζφ 24	Country 25	Zip 29		30 Coun				B. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	9. Name and Address of Curre	nt Registered /	Agent					10. Name and Address of New F	egistereo Ag	ent		
					81	Nam	9					
MCDEVITT, S M 702 North Franklin St.					82	Stree	t Addres	ss (P.O. Box Number is Not Acceptable)				
tampa f	FL 33602				83							
					84	City			FL		o Code	
or register familiar wit	ed agent, or both, in the State of FIO h, and accept the obligations of, Sec	rida. Such chang etion 607.0505, I	Florida Statu tes	ed by trie	COLD	U: 0001	3 DOM'G	tion submits this statement for the pu of directors. I hereby accept the app	pose of chang	gistered	agent. I am	
	Signature, typed or printed name of registered age	nt and title if applicable	: (NC			nt signatu	e required s	when reinstating) ADDITIONS/CHANGES TO OFF		IBECTO	BS IN 12	
12.	OFFICERS AI	ND DIRECTORS	DELETE	13.	TITLE			ADDITIONS/OF ANGLES TO OFF		Change	Addition	
TITLE	LUDWIG, R E		- Vene		NAME							
NAME STREET ADDRESS	702 N FRANKLIN ST					ADDRES	s					
CITY-S1-ZIP	TAMPA FL		1.4.0			1.4 CITY - ST - ZIP						
1/TLE	DT		DELETE		TITLE		_			Change	Addition	
NAME	OAK, A. D.			22	NAME							
STREET ADDRESS	702 N FRANKLIN ST			2.3	STREET	ADDRES	s					
City-St-ZiP	TAMPA FL			2.4	CITY - S	SY - ZIP				0	CT Addition	
TITLE	S		☐ DE LETE	3 1	TITLE				L.J	Change	Addition	
NAME	KESSEL, R H				NAME	-						
STREET ADDRESS	702 N FRANKLIN ST TAMPA FL					T ADDRE	SS					
CITY - S1 - ZIP	D IAMPA FL		DELETE		CITY - S TITLE	••••				Change	Addition	
TITLE	EUSTACE, R.K.		PT DECE IE		NAME				ليا			
NAME	702 N FRANKLIN ST					T ADDRE	35					
STREET ADDRESS	TAMPA FL						~	المساء الإساء المساء المساء المساء المساء	سبة الشب أساء أساء			
CITY-ST-ZIP TITLE	+ v	DELETE			4.4 CITY - ST - ZIP 5. 1 TITLE			3000018 -05/01/9601	ピンゴ 海 10209	Change	☐ Addition	
NAME	JENNINGS, G D JR				.2 NAME			***200.00				
STREET ADDRESS	702 N FRANKLIN ST		53	5 3 STREET ADDRESS			<u> </u>					
CHY-SI-ZIP	TAMPA FL			54	CITY -:	ST-ZIP						
TITLE			☐ DELETE	6 1	TITLE					Change	Add-tion	
NAME	MILLER, L.A.			6.2	NAME					1	ato-	
STREET ADDRESS	702 N FRANKLIN ST			6.3	STREE	t addre	ss			4	10/	
CITY-ST-ZIF	TAMPA FL			6.4	CITY-	ST-ZIP	1,	the augmention stated in Continue 4.4	0.07/2\/I\\ Elad	da Stat	tos I further	
14. I do herel	by certify that the information supplie	d with this filing	is voluntarily fur	mished an	a do	es not	quality to	or the exemption stated in Section 11	a sema local o	wa olalu	if made under	

any prinsiled and does not quality in the sample of some shall have the same legal effect as if made under trial annual report is true and accurate and that my signature shall have the same legal effect as if made under or vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated on the oath; that I am an officer or director of the appears in Block 12 or Block 13 if change

SIGNATURE:

ING OFFICER OR DIRECTOR SIGNATURE AND TYPED

3/8/96 Date (813)228-4218