

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L58817** (2)
1. Corporation Name
HARDEE POWER II, INC.



Principal Place of Business C/O R H KESSEL 702 N. FRANKLIN ST. TAMPA FL 33602-0110 US	Mailing Address C/O R H KESSEL P O BOX 111 TAMPA FL 33601-0111 US
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3. Date Incorporated or Qualified 03/21/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3003581	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33602-4418	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MCDEVITT, S M
702 NORTH FRANKLIN ST.
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	LUDWIG, R E	1.2 NAME	
STREET ADDRESS	702 N FRANKLIN ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	33602
TITLE	DT	2.1 TITLE	☐ Change ☒ Addition
NAME	OAK, A. D.	2.2 NAME	
STREET ADDRESS	702 N FRANKLIN ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	33602
TITLE	S	3.1 TITLE	☐ Change ☒ Addition
NAME	KESSEL, R H	3.2 NAME	
STREET ADDRESS	702 N FRANKLIN ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	33602
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	EUSTACE, R.K.	4.2 NAME	
STREET ADDRESS	702 N FRANKLIN ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	33602
TITLE	V	5.1 TITLE	☐ Change ☒ Addition
NAME	JENNINGS, G D JR	5.2 NAME	
STREET ADDRESS	702 N FRANKLIN ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	33602
TITLE	V	6.1 TITLE	☐ Change ☒ Addition
NAME	MILLER, L.A.	6.2 NAME	
STREET ADDRESS	702 N FRANKLIN ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - ZIP	33602

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. H. Kessel, Secretary 4/28/97 (813) 228-4218

Date

Daytime Phone #

0382401

CR2E034 (9/96)