

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L58819** (8)

1. Corporation Name
HARDEE POWER I, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O R H KESSEL
702 N. FRANKLIN ST.
TAMPA FL 33602-0110
US

3. Date Incorporated or Qualified **03/21/1990** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-3003578** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23. Zip 25. Country 28. Zip 30. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. **33602-4418** 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDEVITT, S M
702 N FRANKLIN ST
TAMPA FL 33602

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

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 of Registered Agent or Registered Agent and the Registered Agent)

(Signature of Registered Agent or Registered Agent and the Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LUDWIG, R. E
STREET ADDRESS	702 N FRANKLIN ST
CITY, ST, ZIP	TAMPA FL
TITLE	DT
NAME	OAK, A. D.
STREET ADDRESS	702 N. FRANKLIN ST.
CITY, ST, ZIP	TAMPA FL
TITLE	S
NAME	KESSEL, R H
STREET ADDRESS	702 N FRANKLIN ST
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	EUSTACE, R. K
STREET ADDRESS	702 N FRANKLIN ST
CITY, ST, ZIP	TAMPA FL
TITLE	V
NAME	MILLER, L A
STREET ADDRESS	702 N FRANKLIN ST
CITY, ST, ZIP	TAMPA FL
TITLE	V
NAME	JENNINGS, G. D (JR)
STREET ADDRESS	702 N FRANKLIN ST
CITY, ST, ZIP	TAMPA FL

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME	
2.2 STREET ADDRESS	
2.3 CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 NAME	
3.2 STREET ADDRESS	
3.3 CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 NAME	
4.2 STREET ADDRESS	
4.3 CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 NAME	
5.2 STREET ADDRESS	
5.3 CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME	
6.2 STREET ADDRESS	
6.3 CITY, ST, ZIP	

14. I conclusively certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(3)(b), Florida Statutes. I further certify that the information included 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. 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 of this report, or in an addendum with an address.

SIGNATURE:

R. H. Kessel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. H. Kessel

04/27/95

(813) 228-4218