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FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **L85056**

(4)

1. Corporation Name

**HARMEN CORPORATION**

Principal Place of Business

**C/O MICHAEL W. HARDY  
2814 N. ROOSEVELT BLVD  
KEY WEST FL 33040  
US**

Mailing Address

**C/O JAMES B HARDY  
P.O. BOX 1537  
MADISON TN 37116-1537  
US**

3. Date Incorporated or Qualified

**06/28/1990**

3a. Date of Last Report

**03/05/1996**

4. FEI Number

**59-3026682**

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

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HARDY, MICHAEL W.  
2814 NORTH ROOSEVELT BLVD  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
HARDY, JAMES  
P.O. BOX 1537  
MADISON TN**

TITLE ☐ DELETE

**VP  
HARDY, MICHAEL W.  
2814 N ROOSEVELT BLVD  
KEY WEST FL**

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

**PRES  
JAMES B HARDY  
1309 BRIARVILLE RD. SUITE 201  
MADISON, TN 37115**

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 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: **James B Hardy** **JAMES B HARDY**

**2-10-97 605 860 3592**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)