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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L91806

(4)

HARDY OCALA DEVELOPERS, INC.

FILED Feb 18 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address	<u> </u>	·-·			
C/O WALTER A. REILLY. JR.		C/O WALTER A. REILLY.	C/O WALTER A. REILLY, JR.				
27 CARRIAGE CREEK WAY 27 CARRIAGE CR ORMOND BEACH FL 32174-6780 ORMOND BEACH			*		DO NOT WRITE IN THI	S SDACE	
ORMOND BEACH FL 32174-6780 ORMOND BEACH FL 3217			4-0700		3. Date Incorporated or Qualified	J OI ACL	
					08/08/1990		ļ
2, Principal I	Place of Business	2a, Mailing Address			4. FEI Number	TAI	pplied For
21		26			59-3115546		ot Applicable
Sulte, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Additional
22		27			5. Certificate of Status Desired		equired
City & Sta	te	City & State	Dity & State		6. Election Campaign Financing	\$5.00	May Be
23 28		···			Trust Fund Contribution		to Fees
Zip	}		Cour	ntry	8. This corporation owes or has paid the o	urrent year Inf	langible
24	25 29 30		30		Personal Property Tax due June 30.] No
	g, Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Registers	d Agent	
REILLY, WALTER A JR.				81 Name			
27 CARRIAGE CREEK WAY				82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
ORMOND BEACH FL 32174			l.				
				83			
			ļ.	B4 City		. 85 Zip (Code
					F		į
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, the appointment agent agent agent.							
=	*	ganona or, section our .coco, mor:	ida Statu	ius.			1
SIGNATURE	Signature, typed or printed name of registered a	pent and title if applicable (NOTE:	Registered	Agent signature requi	ired when rainstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 12
TITLE	DPST	DELETE	1.1 TH	F		☐ Change	Addition
NAME	REILLY, WALTER A JR.		1.2 NAME]:
STREET ADDRESS			1.3 STREET ADDRESS				į.
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY	(-ST-ZIP			
TITLE	DELETE 24T		. 2.1 TITL	E		☐ Change	Addition
NAME	PAMON ANTONIO POMENTAL 221		2.2 NAN	1E			
STREET ADDRESS	LAMON ANONDO SIMPUTAL 27 CARL'NIE CREEK WAY OLIMOND BOH. E		2.3 STR	EET ADDRESS			1
CITY-ST-ZIP	DEMOND BEH		2. 4 CIT	Y-ST-ZIP			
TITLE		DELETE	3.1 TITL	E		☐ Change	Addition
NAME			3.2 NAM	IE			
STREET ADDRESS			3 3 STH	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		DELETE	4.1 TITL	E		Change	Addition
NAME			4. 2 NAM	AE			
STREET ADDRESS			4.3 STRI	E1 ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITU	<u> </u>		Change	Addition
NAME	:		5.2 NAM	E			m
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			2-18
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAM	£	6000024337	45	
STREET ADDRESS			6.3 STRE	ET ADDRESS	-02/18/98010270	102	
CITY-S1-ZIP			6.4 CITY	I	***300.80		
d.f. I baraby s	notify that the information associated.	tal alite tit			0-1-40 03(01/2) Et 11 01 11		

14. I 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 supplier until 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 constraint 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 transact, or primal address.

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