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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04027** (1)

1. Corporation Name

H.A.R.C. INDUSTRIES PARENTS' GROUP, INC.



Principal Place of Business 10802 HACKNEY DR RIVERVIEW FL 33569 US	Mailing Address 10802 HACKNEY DR RIVERVIEW FL 33569 US
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3. Date Incorporated or Qualified
07/03/1984

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 **3907 W. DELEON ST.**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

28 **TAMPA, FL**

24 Country

29 **33609**

25 Country

30 **USA**

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCPIKE, JOANNE M
3903 DELEON STR
TAMPA FL 33609**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3907 W. DELEON ST.
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE **Joanne M. McPike, VT** DATE **1-20-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME CHAMBLISS, LORRAINE	
STREET ADDRESS 7335 POTTS RD	
CITY-ST-ZIP RIVERVIEW FL	

TITLE SD	<input type="checkbox"/> DELETE
NAME BEVRLY, NOVA	
STREET ADDRESS 2822 FAIRWAY VIEW DR	
CITY-ST-ZIP BRANDON FL	

TITLE VT	<input type="checkbox"/> DELETE
NAME MCPIKE, JOANNE	
STREET ADDRESS 3903 DELEON STR	
CITY-ST-ZIP TAMPA FL	

TITLE D	<input type="checkbox"/> DELETE
NAME CHAMBLISS, K WAYNE	
STREET ADDRESS 7335 POTTS RD	
CITY-ST-ZIP RIVERVIEW FL	

TITLE D	<input type="checkbox"/> DELETE
NAME BRANNOCK, STEVEN	
STREET ADDRESS 8113 REVELS RD	
CITY-ST-ZIP RIVERVIEW FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **NOVAK, BEVERLY**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **3907 W. DELEON ST.**
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joanne M. McPike, VT** DATE **1-20-98** (813) 875-9494

CR2E037 (10/97)