FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

HARDEE CORRECTIONAL INSTITUTION 08
I certify that all items listed hereon have received, with exception noted. All items were checked as to quality, quantity and/or weight. All unit prices have been extended and discounts crossfooted and totaled where applicable.
Date Invoice Received 3-4-96
Goods/Services Received 3-4-96
HARDEE C[illegible]
Accounting Dept.

MAR 0 4 1996
RECEIVED

DOCUMENT # N93000000115 (6)

1. Corporation Name
HARCI EMPLOYEES CLUB, INC.

Principal Place of Business
RT 2 BOX 200
BOWLING GREEN FL 33834

Mailing Address
RT 2 BOX 200
BOWLING GREEN FL 33834

3. Date Incorporated or Qualified: 01/05/1993
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-7400490 ☐ 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 XX No

9. Name and Address of Current Registered Agent

BAUER, BENJAMIN T
RT 2 BOX 200
STATE ROAD 62 WEST
BOWLING GREEN FL 33834

10. Name and Address of New Registered Agent

81 Name: Harper, Bobby
82 Street Address (P.O. Box Number is Not Acceptable): Rt 2, Box 200
83: State Road 62 West
84 City: Bowling Green FL 85 Zip Code: 33834

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Bobby Harper (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required if name is changed) DATE: 3/4/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BAUER, BENJAMIN RT 2 BOX 200 BOWLING GREN FL 33834	XX DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Bobby Harper Rt 2, Box 200 Bowling Green, FL 33834	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LONGLEY, WELLINGTON RT 2 BOX 200 BOWLING GREEN FL 33834	XX DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD Christopher Anderson Rt 2, Box 200 Bowling Green, FL 33834	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T S, SHANNON RT 2 BOX 200 BOWLING GREN FL 33834	XX DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	TD Michael Farmer Rt 2, Box 200 Bowling Green, FL 33834	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEEN, BETTY A RT 2 BOX 200 BOWLING GREN FL 33834	XX DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	S Betty Deen Rt 2 Box 200 Bowling Green, FL 33834	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Bobby Harper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/4/96

Daytime Phone #: 941-773-2441

CR2E037 (12/95)