07121999-90015-045-$70.00-$70.00

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90015 045 ****70.00
08-17-1999 90011 026 *****8.75

606743 - 90011 - 26

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000523

1. Corporation Name
FLORENCE D. HARDWICK ALF, INC.

Principal Place of Business	Mailing Address
308 S 30TH STREET FT PIERCE FL 34946	308 S 30TH STREET FT PIERCE FL 34946

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip / Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip / Country	3. Date Incorporated or Qualified: 01/24/1997 4. FEI Number: 65-0767042 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DREHER, PATRICIA
308 S 30TH STREET
FT PIERCE FL 34946

10. Name and Address of New Registered Agent

81 Name: ROBERT C. HARDWICK
82 Street Address (P.O. Box Number is Not Acceptable): 3828 N. KINGS HWY
83
84 City: FORT PIERCE FL 85 Zip Code: 34951

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: Patricia Dreher Robert C. Hardwick 7/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/PRESIDENT DREHER, PATRICIA 308 S 35TH STREET FT PIERCE FL 34948 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DREHER, ROSS 308 S 35TH ST FT PIERCE FL 34947 ☐ DELETE	2.1 TITLE: D/VP 2.2 NAME: ROBERT C. HARDWICK 2.3 STREET ADDRESS: 3828 N. KINGS WHY 2.4 CITY-ST-ZIP: FORT PIERCE FL 34951	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, DONNIE 308 S 35TH ST FT PIERCE FL 34947 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: Patricia Dreher SIGNATURE REQUIRED 7/6/99 (561) 465-1264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #