

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 11 PM 3: 31

DOCUMENT # **P18901** (9)

1. Corporation Name  
**HARDY BUILDING CORPORATION**

Principal Place of Business Mailing Address  
**4356-1 BONNEY ROAD, S-101 VIRGINIA BEACH VA 23452** **4356-1 BONNEY ROAD, S-101 VIRGINIA BEACH VA 23452**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/20/1988</b>	3a. Date of Last Report <b>04/13/1994</b>
21		26		4. FEI Number <b>54-0936792</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and that of applicant. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDY, C.F.</b>	1.2 NAME	
STREET ADDRESS	<b>616 HOLLY GATE LN</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHESAPEAKE VA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE TERRY</b>	2.2 NAME	
STREET ADDRESS	<b>1545 DEY COVE DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VIRGINIA BEACH VA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDY, ELIZABETH</b>	3.2 NAME	
STREET ADDRESS	<b>616 HOLLY GATE LN</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHESAPEAKE VA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TAS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FROST, DONNA L</b>	4.2 NAME	
STREET ADDRESS	<b>4812 ALGONAC AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VIRGINIA BEACH VA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, JOHN M</b>	5.2 NAME	
STREET ADDRESS	<b>4444 W HWY 318</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORANGE LAKE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>V</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, M., M.</b>	6.2 NAME	
STREET ADDRESS	<b>4821 BOXFORD RD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VIRGINIA BEACH VA</b>	6.4 CITY - ST - ZIP	

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 110.07(3)(a), 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: *Donna L Frost* **Donna L. Frost, Treasurer/** **04/05/95** **804-463-5666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Assistant Secretary** (Type in Block 2)