

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

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FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90081 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18901

1. Corporation Name
HARDY BUILDING CORPORATION



Principal Place of Business 4356 BONNEY RD. 1-101 VIRGINIA BEACH VA 23452-1200 US	Mailing Address 4356 BONNEY RD. 1-101 VIRGINIA BEACH VA 23452-1200 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 04/20/1988	4. FEI Number 54-0936792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARDY, C.F.	
STREET ADDRESS	616 HOLLY GATE LN	
CITY-ST-ZIP	CHESAPEAKE VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITE TERRY	
STREET ADDRESS	1545 DEY COVE DR	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARDY, ELIZABETH	
STREET ADDRESS	616 HOLLY GATE LN	
CITY-ST-ZIP	CHESAPEAKE VA	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	FROST, DONNA L	
STREET ADDRESS	4812 ALGONAC AVE	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOHN M	
STREET ADDRESS	2117 SW 86TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMPSON, M., M.	
STREET ADDRESS	4621 BOXFORD RD	
CITY-ST-ZIP	VIRGINIA BEACH VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: Donna L Frost SIGNATURE REQUIRED Donna L Frost, Treasurer, 04/06/1999 757-463-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)