

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P24075  
**1. Entry Name**  
 Hargett Enterprises, Inc.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 01 NOV 20 PM 6:47

**Principal Place of Business**      **Mailing Address**  
 2431 Locust Creek Drive      P. O. Box 6730  
 Evansville, IN 47720      Evansville, IN 47719-0730

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Zip      Country      Zip      Country

**4. FEI Number**      **Applied For**  
 35 1726773       Not Applicable  
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Robert Craig  
 29602 S.R. 52  
 San Antonio, FL 33576

**7. Name and Address of New Registered Agent**  
 Name: Wayne S. Hargett, Sr.  
 Street Address (P.O. Box Number is Not Acceptable): 1509 The Oaks Blvd.  
 City: Kissimmee      **FL**      Zip Code: 34746

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**  
 SIGNATURE: *Wayne Hargett*      DATE: 11/13/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001, Fee will be \$550.00 Make Check Payable to Department of State**  
**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Wayne S. Hargett, Sr. 2431 Locust Creek Drive Evansville, IN 47720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer Dennis K. Hargett 2431 Locust Creek Drive Evansville, IN 47720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Mollie B. Wilson 2431 Locust Creek Drive Evansville, IN 47720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Wayne S. Hargett, Sr. 1509 The Oaks Blvd. Kissimmee, FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**  
 SIGNATURE: *Mollie B. Wilson*      Mollie B. Wilson      11/13/01      812-421-8212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)



November 13, 2001

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Uniform Business Report  
Document #P24075

To Whom It May Concern:

Enclosed please find our recently executed Report for the 2001 year, along with our Fictitious Name Renewal. We realize that the initial filing period has passed, but are requesting a waiver for the increased filing fee, as we have no record of receiving the initial forms.

Our current mailing address is indicated on the forms, which is the same address shown on our last report filed. We are not certain as to why we have not received your notice, but suspect it relates to a sorting problem we have with our local post office.

Please review the enclosed and accept our check in payment for the standard filing fee. We have been a foreign corporation with your State for some time and would like to continue our good standing. We will gladly make a note to receive and file our annual report prior to May 1<sup>st</sup> of each year from this time forward.

We would appreciate any assistance you can provide us in waiving the late penalty fees.

Sincerely,

A handwritten signature in cursive script that reads 'Mollie Wilson'.

Mollie Wilson  
Operations Manager

Enclosures