SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 21 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000003602 (8)**

1. Corporation Name
HART INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
853 E HWY 436 SUITE 200 CASSELBERRY FL 32707	853 E HWY 436 SUITE 200 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business
21 227 N. MAGNOLIA AVE
Suite, Apt. #, etc.: 22 SUITE 208
City & State: 23 ORLANDO, FL
Zip: 24 32801 County: 25 ORANGE

2a. Mailing Address
26 P.O. BOX 1962
Suite, Apt. #, etc.: 27
City & State: 28 ORLANDO, FL
Zip: 29 32802 County: 30 ORANGE

4. FEI Number: 59-3155792 ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

DUQUETTE, NANCY L
853 E HWY 436
SUITE 200
CASSSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: NANCY Lee DuQuette
82 Street Address (P.O. Box Number is Not Acceptable): 227 N. MAGNOLIA
83: SUITE 208
84 City: ORLANDO FL 85 Zip Code: 32801

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: Nancy Lee DuQuette NANCY Lee DuQuette 7/13/95
(Signature, typed or printed name of person signing report and title if applicable) NOTE: Registered Agent signature required when mandatory (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	PV	11 TITLE	☐ Change ☐ Addition
NAME	DUQUETTE, NANCY L	12 NAME	
STREET ADDRESS	917 TEATRO CT.	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32807	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: Nancy Lee DuQuette NANCY Lee DuQuette 7/13/95 407-831-8813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000230 CP