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

PROFIT **CORPORATION** ANNUAL REPORT

1996



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

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P93000004181 (2)

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

HART SIX, INC.

| Principal Place of Business Mailing Address | | | | | | i ili kiikki iok akska ioita katia katia dami | DB 411 BB 111 BB 1 | II 418 41 II48 | 1 19101 11E1 1901 |
|---|---|--|---------------|------------------------------|---|--|---|----------------------------|---------------------------------|
| 1550 RINGLING BLVD. SARASOTA FL 34236 | | 1550 RINGLING BLVD. SARASOTA FL 34236 | | | | | | | |
| | | | | | - | 3. Date Incorporated or Qualified 01/19/1993 | | of Last Re 1/19/199 | |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | *** | | | 4. FEI Number | | A | pplied For |
| 21 200 S. Orange Avenue | | 26 200 S. Orange Avenue | | | 65-0393851 | | | lot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional Required | |
| 22 | | 27 | | | 6 Floring Occupation Financian | | | | |
| City & State 23 Sarasota FL | | City & State 28 Sarasota FL | | | 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees | | | | |
| Zip 34236 | Country | Zip | 30 T1 | • | | This corporation has liability for Florida Statutes | ntangible ta: ☑/√o | cunder s | 199.032, |
| 24 34236 | 9. Name and Address of Curren | 29 34236 | 30 D | S | | 10. Name and Address of New F | | agent | |
| | 8. Haille die Modess of Collett | r riedioreren ydgenr | | 81 Name | | 141 | <u></u> | <u> </u> | |
| COIMES | MICHELE B | | | I | ime | SIF.O. Box Number is Not Acceptate | (a) | | |
| - | IGLING BLVD. | | | | | | 110) | | |
| | TA FL 34236 | | | | S- | Orange Avenue | | | |
| OAINOO | 11 1 L 01200 | | | 74 6" | | | | 105 7k | Code |
| | | | | 84 City | | | FL | | 4000 |
| or registere | o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti | ta. Such change was authorize | ed by the d | ve-named co corporation's | porati board | on Submits this statement for the purion of directors. I hereby accept the app | rpose of cha ointment as | nging its re registered | egistered office agent. I am |
| SIGNATURE _ | | 400 | C. D. Zata | Agent signature n | | de on united at two | DATE | | |
| | Signature, typed or printed name of registered agent OFFICERS AND | | 13. | Agent signature n | edougo w | ADDITIONS/CHANGES TO OFF | | DIRECTO | RS IN 12 |
| 12. | PT | DELETE | 1.1 T | ITLE | PT | | | | ☐ Addition |
| NAME | MCQUNID, THOMAS O. | | 1.2 N | AME | | Quaid, Thomas O. | JCIOII, | r | |
| STREET ADDRESS | 721 ACON CRT | | 1.3 S | REET ADDRESS | 72 | 1 Acorn Court | • | | |
| CITY-ST-ZIP | SEBASTOPAL CA | | 1.4 C | TY - \$1 - ZIP | | bastopal CA | | 35 472 7 Change | |
| TITLE | VPS | ☐ DELETE | 2.11 | TLE | | | |] Change | Addition |
| NAME | MCQUAID-PECK, MARY | | 2.2 N | AME | | | | | |
| STREET ADDRESS | 2318 COTSWOLD CRT | | 235 | reet address | 1 | | | | |
| CITY - ST - ZIP | FT. COLLINS CO | | | TY-ST-ZIP | ļ | | | Chapes | ["] Addition |
| TITLE | | ☐ DELETE | 3 1 1 | | | | L |] Change | Addition |
| NAME | | | 3.2 N | | | | | | |
| STREET ADDRESS | | | B | TREET ADDRESS | | | | | |
| CITY-ST-ZIP | | [7] DELETE | 3.4 C | TY-ST-ZIP | | | г | Change | Addition |
| TITLE | | | 4. I 4.2 N | | | | L | | |
| NAME OTOSET ADDRESS | | | | TREET ADDRESS | ļ | | | | |
| STREET ADDRESS | | | | ITY-ST-ZIP | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5 1 | | | | | Change | Addition |
| NAME | | | 5.2 N | | | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | ITY - ST - ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 | | 1 | | [| Change | ☐ Addition |
| NAME | | | 6.2 8 | AME | | | | | |
| STREET ADDRESS | | | 635 | TREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | 640 | ITY-ST-ZIP | Ì | | | | |

14. Too 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)(k), 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.

ICER OR DIRECTOR