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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # P93000028142 (6)

HARGREAVES, INC.

FILED

Secretary of State

Feb 21 1996 8:00 am

Principal Place of Business 444 SEABREEZE BLVD. SUITE 820		Mailing Addr	Mailing Address P.O. BOX 1780 ORMOND BEACH FL 32175			i negringsi wa jaine wiw dawi dayi dayi dang maki fitol man dikib min idil			
DAYTONA BEACH FL 32118						3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1993 01/17/1996			
Principal Pla	nce of Business	2a. Mailing A	ddress			4. FEI Number		7	Applied For
	t str. t det to	26				59-3218330			Not Applicable
Suite, Apt. #	#, etc.	Suite, Ap	t.#, etc.			5. Certificate of Status Desired			5 Additional Required
City & State)	City & Sta	ate			6. Election Campaign Financing		\$5.0	00 May Be
		28				Trust Fund Contribution			ed to Fees
Ζψ	Country	Zip		Country		8. This corporation has liability or		under :	s 199.032,
	[25]	29		30		X	: □No		
	9. Name and Address of Cu	rrent Registered Age	nt			10. Name and Address of New F	legistered A	gent	
				81	Name				
HARGREAVES, JOHN B 108 PENINSULA WINDS DRIVE				82	82 Street Address (P.O. Box Number is Not Acceptable)				
) BY THE SEA			83					
	BEACH FL 32176			0.4	Oh.			Ias I -	Zo Code
				84	City		Fi.	85 2	Zip Code
2.	graduate the control of the control	AND DIRECTORS		13.	t signature requin	ed when reinstating) ADDITIONS/CHANGES TO OFF			
Lŀ	P		DELETE	1. 1 TITLE				Change	
Δŧ	HARGREAVES, J. BRIAN	_		1.2 NAME					
EFF ACIDRESS	108 PENINSULA WINDS D			1.3 STREET	ADDRESS				
7 - S1 - 7IP	ORMOND BY THE SEA FL			1 4 CITY - 9	T-ZIP				
f	VP	·· —		2 1 TITLE				Change	☐ Addition
16	HARGREAVES, NICHOLAS			2 2 NAME					
FET ADDRESS	108 PENINSULA WINDS D			2 3 STREET	ADDRESS				
r SiziP	ORMOND BY THE SEA FL		DCI FTF	2 4 CITY - S	1- Z IP				- 140°
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df.	HARGREAVES, CAROL 108 PENINSULA WINDS D	inne.		3 2 NAME					
ELL ACIDRESS	ORMOND BY SEA FL 3217			3 3 STREE	l l				
r - \$1 - ZIP F	ONMOND BI SEA FE 321		DELETE	3.4 CITY - 5 4. 1 TITLE	1-2IP			Change	Addition
de .				4.2 NAME				o nango	
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r-S'-ZIP				4.4 City - 9					
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r - \$! - 7IP				5.4 CITY - 5	ŀ				
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ME				6 2 NAME	}				
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ILL - MORNES :				6 3 STREET	ADDRESS				

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)(k), Florida Statutes. I further certify that the information incloded 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 cath; that I am an officer of 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 Book 12 or Book 13 if cylinged, or on an altachment with an address.

GNATURE:

SIGNATURE: