

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 03, 1999 8:00am
Secretary of State

02-03-1999 90005 002 ****150.00

DOCUMENT # P93000028142

1. Corporation Name
HARGREAVES, INC.

Principal Place of Business
P.O. BOX 1793
ORMOND BEACH FL 32175

Mailing Address
P.O. BOX 1793
ORMOND BEACH FL 32175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1993

4. FEI Number
59-3218330

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARGREAVES, JOHN B
108 PENINSULA WINDS DRIVE
ORMOND BY THE SEA
ORMOND BEACH FL 32176

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME HARGREAVES, J. BRIAN
STREET ADDRESS 108 PENINSULA WINDS DR.
CITY-ST-ZIP ORMOND BY THE SEA FL 32176

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME HARGREAVES, NICHOLAS P
STREET ADDRESS 108 PENINSULA WINDS DR.
CITY-ST-ZIP ORMOND BY THE SEA FL 32176

2.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME HARGREAVES, CAROL
STREET ADDRESS 108 PENINSULA WINDS DRIVE
CITY-ST-ZIP ORMOND BY SEA FL 32176

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)