

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076417 (3)

1. Corporation Name

HARDY COMPUTER CONSULTING, INC.

Principal Place of Business

**21218 ST ANDREWS BLVD
STE 614
BOCA RATON FL 33433
US**

Mailing Address

**21218 ST ANDREWS BLVD
STE 614
BOCA RATON FL 33433
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1993

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0451549

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOVANOVIC, DOUGLAS ESQ.
888 S.E. 3RD AVENUE
SUITE 400
FORT LAUDERDALE FL 33316**

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

HARDY, KATHY L

STREET ADDRESS

2900 SW 22ND AVE #508

CITY - ST - ZIP

DELRAY BEACH FL

1.1 TITLE

PD

1.2 NAME

HARDY, KATHY L

1.3 STREET ADDRESS

2900 SW 22ND AVE #508

1.4 CITY - ST - ZIP

DELRAY BEACH FL

TITLE

STD

NAME

HARDY, DARRELL L

STREET ADDRESS

2900 SW 22ND AVE #508

CITY - ST - ZIP

DELRAY BEACH FL

2.1 TITLE

STD

2.2 NAME

HARDY, DARRELL L

2.3 STREET ADDRESS

4505 S. Ocean Blvd #108

2.4 CITY - ST - ZIP

Highland Beach, FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(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.

SIGNATURE:

Darrell L Hardy

DARRELL L

HARDY

4/17/95

407-279-6431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #