

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

CORPORATION,  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**APPROVED  
AND  
FILED**

**DOCUMENT # P93000081348 (3)**

95 MAY 10 AM 10:35

**HARDEN BUILDERS, INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

21. Date of Report		22. Fiscal Year		23. Date of Incorporation		24. Date of Report	
2570 SUN COVE LANE NORTH PALM BEACH FL 33410		2570 SUN COVE LANE NORTH PALM BEACH FL 33410		11/19/1993		05/01/1994	
2. Director		25. Director		4. FID Number		Applied For	
21		26		65-0451598		Not Applicable	
State of Florida		State of Florida		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City of State		City of State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
24		29		30		8. This corporation has liability for intangible tax under § 199.032 Florida Statutes	
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No					

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HARDEN, CLARK S  
2570 SUN COVE LANE  
NORTH PALM BEACH FL 33410**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 199.031 and 199.032, 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 199.032, Florida Statutes.

SIGNATURE *Clark S. Harden*

5/5/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS ONLY	
1. NAME	<b>HARDEN, CLARK V</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<b>2570 SUN COVE LANE</b>	2. STREET ADDRESS	
3. CITY, STATE, ZIP	<b>NORTH PALM BEACH FL</b>	3. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, STATE, ZIP		6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, STATE, ZIP		9. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE, ZIP		12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurate, truthful and does not qualify for the exemption stated in Section 199.031, Florida Statutes. I further certify that the information supplied 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. If the reason for change is requested to be recorded, the report as required by Chapter 199, Florida Statutes, and that my name appears on Block 1, or Block 2 of a Group, or on an affidavit filed with this report.

SIGNATURE: *Clark S. Harden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Clark S. Harden**

5/5/95 407-624-1452