FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:37

DOCUMENT # P94000014551 (3)

1. Corporation Name
HART OF ENGLEWOOD, INC.

Principal Place of Business
1661 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223

Mailing Address
1661 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1994

3a. Date of Last Report:

2. Principal Place of Business
21 6895 Manasota Key Road
22 Suite, Apt. #, etc.
23 Englewood, FL
24 34223 25 Country USA

2a. Mailing Address
26 6895 Manasota Key Road
27 Suite, Apt. #, etc.
28 Englewood, FL
29 34223 30 Country USA

4. FEI Number: 65-0469537 — 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
BATSEL, C. GUY
% BATSEL MCKINLEY ITTERSAGEN GUNDERSON
1861 PLACIDA RD., STE. 104
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent
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 607.0505 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: Registered Agent's Signature — DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	NICHOLAS, HAZEL T
STREET ADDRESS	6895 MANASOTA KEY RD.
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	D
NAME	NICHOLAS, ARTHUR
STREET ADDRESS	6895 MANASOTA KEY RD.
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is complete, accurate and not misleading. I further certify that the information indicated on the original report or supplemental annual report, if any, is accurate and that my signature shall have the same legal effect and be made under oath as if I am an officer or director of the corporation and the provision of law governing perjury in filing the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or added in the annual report with an address.

SIGNATURE: Hazel T. Nicholas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-95
Date
(813) 474-2713

0230104 CP