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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000029125 (9)**

1. Corporation Name
HARBRETT CORPORATION

Principal Place of Business: **1025 G RIVERVIEW DRIVE MELBOURNE FL 32901 1533 MACARTHUR LN. COCOA, FL. 32922**
Mailing Address: **1025 G RIVERVIEW DRIVE MELBOURNE FL 32901 1533 MACARTHUR LN. COCOA, FL. 32922**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/15/1994** 3a. Date of Last Report

4. FEI Number: **59-3242641** 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 S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1533 MACARTHUR LN** 2a. Mailing Address: **26 1533 MACARTHUR LN.**

Suite, Apt. #, etc. City & State: **22 COCOA FL** 27 Suite, Apt. #, etc. City & State: **27 COCOA FL**

Zip: **24 32922** Country: **25 BREWARD** 29 Zip: **32922** Country: **30 BREWARD**

9. Name and Address of Current Registered Agent: **MITCHELL, BRUCE A 1825 S RIVERVIEW DRIVE MELBOURNE FL 32901**

10. Name and Address of New Registered Agent: **81 Name: John R. Kancilia 82 Street Address (P.O. Box Number is Not Acceptable): 516 N. Harbor City Blvd. 83 City: Melbourne FL 85 Zip Code: 32935**

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

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **D**
NAME: **HARDY, JOSPEH L SR**
STREET ADDRESS: **1533 MACARTHUR LANE**
CITY - ST - ZIP: **COCOA FL 32922**

2. TITLE: **D**
NAME: **HARDY, THOMAS A**
STREET ADDRESS: **1533 MACARTHUR LANE**
CITY - ST - ZIP: **COCOA FL 32922**

3. TITLE: **D**
NAME: **HARDY, JOSEPH L JR**
STREET ADDRESS: **1533 MACARTHUR LANE**
CITY - ST - ZIP: **COCOA FL 32922**

1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE: Change Addition
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 110.07(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: **JOSEPH L HARDY SR** *[Signature]* **4/17/95** **407631-0725**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR