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

APPROVED AND FILED

95 APR 20 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064299 (8)**

1. Corporation Name
BENJAMIN W. HARDIN, JR., P.A.

Principal Place of Business
~~210 S. TENNESSEE AVE.~~
~~LAKELAND FL~~

Mailing Address
~~P.O. BOX 1622~~
~~LAKELAND FL 33802~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/31/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 3001 U.S Hghy. 98 S.
22 Suite, Apt. #, etc.
23 Lakeland FL
24 Zip 33803 25 County USA

2a. Mailing Address
26 3001 US Hwy 98 S.
27 Suite, Apt. #, etc.
28 Lakeland FL
29 Zip 33803 30 Country USA

4. FEI Number: 59-3263670 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HARDIN, BENJAMIN W JR
~~210 S. TENNESSEE AVE.~~
~~LAKELAND FL~~

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable) 3001 U.S. Hwy. 98 South
93
94 City Lakeland **FL** 95 Zip Code 33803

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE		☐ Change ☐ Addition
NAME	HARDIN, BENJAMIN W JR	12 NAME		
STREET ADDRESS	5854 COVEVIEW DR. WEST	13 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813	14 CITY-ST-ZIP		
TITLE		21 TITLE	Vice-President	☐ Change ☑ Addition
NAME		22 NAME	Gregory A. Sanoba	
STREET ADDRESS		23 STREET ADDRESS	3001 U.S Hwy 98 S.	
CITY-ST-ZIP		24 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		31 TITLE	Treasurer	☐ Change ☑ Addition
NAME		32 NAME	Mary Anne Hardin	
STREET ADDRESS		33 STREET ADDRESS	3001 US Hwy 98 S.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Lakeland FL 33803	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: _____ 4-13-95 813-667-0229
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0449020 FP