

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

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MAY 13 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000079277 (7)

**1. Corporation Name:
HARTWIG, MATTESON & MAYS, INC.**

Principal Place of Business: 3670 OVERLAND DRIVE PENSACOLA FL 32504
Mailing Address: 3670 OVERLAND DRIVE PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report:
4. FEI Number: 59-3278775
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for enterprise tax under S. 199.032 Florida Statutes: **Yes** **No**

2. Principal Place of Business:
21. State Apt # etc:
22. City & State:
23. Zip County:
24. Zip County:
25. Zip County:
26. Mailing Address:
27. State Apt # etc:
28. City & State:
29. Zip County:
30. Zip County:

9. Name and Address of Current Registered Agent
MATTESON, JAMES P
3670 OVERLAND DRIVE
PENSACOLA FL 32504

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Applicable):
83. City:
84. State: **FL** **85. Zip Code:**

11. Pursuant to the provisions of Sections 607.01(3)(c) and 607.01(3)(d) 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, majority or all the shareholders, and accepted the obligation of Section 607.01(3)(c) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:

12.1. NAME:	D MATTESON, JAMES P
12.2. STREET ADDRESS:	3670 OVERLAND DRIVE
12.3. CITY:	PENSACOLA FL 32504
12.4. NAME:	D MAYS, STRICKER
12.5. STREET ADDRESS:	4650 FRANCISCO ROAD
12.6. CITY:	PENSACOLA FL 32504
12.7. NAME:	D HARTWIG, PETER
12.8. STREET ADDRESS:	3019 OAK POINTE DRIVE
12.9. CITY:	PENSACOLA FL 32505

13. AGENT(S) EMPLOYED TO OBTAIN THIS ANNUAL REPORT FOR YOU:

13.1. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add
13.2. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Add
13.3. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Add
13.4. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add
13.5. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Add
13.6. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Add
13.7. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add
13.8. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Add
13.9. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the undersigned, certify that the information supplied in this filing is a true and correct statement of the facts as to the Florida Statutes. I further certify that the information is in compliance with the annual report or biennial annual report filing requirements 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 person or persons empowered to execute this report as required by Florida Statutes and that my name appears in Block A of this filing. I hereby agree to accept the consequences of this filing.

SIGNATURE: *Stricker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/95

476-0500