

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**

3. Date Incorporated or Qualified
10/27/1994

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

21. **6600 Pensacola Blvd**

Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. **32505 USA**

2a. Mailing Address

26. **6600 Pensacola Blvd**

Suite, Apt. #, etc.

27. **Pensacola, FL**

28. Zip Country

29. **32505 USA**

4. FEI Number
59-3278778

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTESON, JAMES P
3670 OVERLAND DRIVE
PENSACOLA FL 32504**

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 607.0502 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 typed or printed (name of registered agent and the applicable

(P.O. Box Number is Not Acceptable)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MATTESON, JAMES P | |
| STREET ADDRESS | 3670 OVERLAND DRIVE | |
| CITY - ST - ZIP | PENSACOLA FL 32504 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MAYS, STRICKER | |
| STREET ADDRESS | 4650 FRANCISCO ROAD | |
| CITY - ST - ZIP | PENSACOLA FL 32504 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HARTWIG, PETER | |
| STREET ADDRESS | 3019 OAK POINTE DRIVE | |
| CITY - ST - ZIP | PENSACOLA FL 32505 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: *Stricker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *June 7, 1996*
DATE

CR2E034 (12/95)