

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000085890 (9)**

1. Corporation Name  
**HARDING FAMILY, INC.**



Principal Place of Business <b>5341 COUNTY RD. 305 BUNNELL FL</b>	Mailing Address <b>RT. 1. BOX 185-B1 BUNNELL FL 32110</b>
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2. Principal Place of Business 21 <b>5341 County Rd. 305</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>Rt. 1, Box 185-B1</b> Suite, Apt. #, etc.
22 City & State 23 <b>BUNNELL, FL</b>	27 City & State 28 <b>BUNNELL FL</b>
24 Zip <b>32110</b> Country <b>Flagler</b>	29 Zip <b>32110</b> Country <b>FLAGLER</b>

3. Date Incorporated or Qualified <b>11/21/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3282588</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CONNELLY, IRWIN A  
306 S. OCEANSHORE BLVD.  
FLAGLER BEACH FL 32136**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDING, BERT</b>	1.2 NAME	
STREET ADDRESS	<b>RT. 1, BOX 185-B1</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUNNELL FL 32110</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUHN, GLORIA H</b>	2.2 NAME	
STREET ADDRESS	<b>RT. 1, BOX 185-B1</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUNNELL FL 32110</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMBLIN, JOAN M.</b>	3.2 NAME	
STREET ADDRESS	<b>RT. 1 BOX 185-B</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUNNELL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *Gloria H. Kuhn* **GLORIA H. KUHN** **3-15-96** **904/437-3457**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2E034 (12/95)