

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 # P95000038812 (0)

1. Corporation Name

HAGAR CAPITAL, INCORPORATED



Principal Place of Business

950 WEST MAIN ST.
INVERNESS FL 34450

Mailing Address

950 WEST MAIN ST.
INVERNESS FL 34450

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BRADSHAW, R. WESLEY
209 COURTHOUSE SQUARE
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name

THOMAS L. HAGAR

82 Street Address (P.O. Box Number is Not Acceptable)

950 West Main Street

83

84 City

INVERNESS

FL

85

Zip Code

34450

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 title (if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

3/14/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME HAGAR, THOMAS L
STREET ADDRESS 950 WEST MAIN ST.
CITY- ST- ZIP INVERNESS FL 34450

DELETE

TITLE D
NAME HAGAR, THOMAS A
STREET ADDRESS 950 WEST MAIN ST.
CITY- ST- ZIP INVERNESS FL 34450

DELETE

TITLE D
NAME HAGAR, GREGORY B
STREET ADDRESS 950 WEST MAIN ST.
CITY- ST- ZIP INVERNESS FL 34450

DELETE

TITLE VD
NAME MICHAEL C. RYPL
STREET ADDRESS 950 West Main St.
CITY- ST- ZIP INVERNESS, FL 34450

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE VD Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE VD Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE VD 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

3/14/96

352-726-1691

CR2E034 (12/95)