

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039409 (4)

1. Corporation Name

L.D.C. HARTWELL, INC.



Principal Place of Business

1830 S.W. 44TH AVENUE
GAINESVILLE FL 32608

Mailing Address

1830 S.W. 44TH AVENUE
GAINESVILLE FL 32608

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, 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

HARTWELL, LONALD D
1830 S.W. 44TH AVENUE
GAINESVILLE FL 32608

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Donald D. Hartwell (LONALD D HARTWELL, DIRECTOR)

3/11/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HARTWELL, LONALD D	
STREET ADDRESS	1830 S.W. 44TH AVENUE	
CITY-STATE-ZIP	GAINESVILLE FL 32608	
TITLE	D	☐ DELETE
NAME	HARTWELL, DAVID M	
STREET ADDRESS	670 S.W. 11TH AVENUE	
CITY-STATE-ZIP	NEWBERRY FL 32669	
TITLE	D	☐ DELETE
NAME	HARTWELL, CHRISTOPHER A	
STREET ADDRESS	6013 N.W. 37TH TERRACE	
CITY-STATE-ZIP	GAINESVILLE FL 32653	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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:

Donald D. Hartwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 (352) 372-1839

CR2E034 (12/95)